



Transfer of Membership from Teachers' Retirement System

Retirement Systems of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov



Your SSN _____

Your Information

Name _____
First Middle/Maiden Last

Address _____
Street or P.O. Box City State ZIP Code

Telephone Number _____ Email Address _____

Date of Birth _____

If different from above, please give name under which you were last employed:

Name _____
First Middle/Maiden Last

Previous TRS Employer

Previous employing school system _____

Date of last employment in education _____

Present ERS Employer

Present employing ERS unit _____

Date present employment began _____

Signature Certification

In order that I may exercise the privilege of transferring my service credit as a member of the Teachers' Retirement System to the credit of my membership in the Employees' Retirement System, I hereby authorize you, in accordance with § 16-25-4, *Code of Alabama 1975*, to certify the record of my creditable service as a member of the Teachers' Retirement System on the date of my separation from membership in that System.

Sign Here → Signature _____ Date _____