

**TRANSFER OF MEMBERSHIP
FROM
TEACHERS' RETIREMENT SYSTEM**

Retirement Systems of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

Part I

Name: _____
First Middle Given Last Maiden

Name under which you were last employed: (if different from above)

First Middle Given Last Maiden

Social Security Number: _____

Home Address: _____
Street Address or Post Office Box

City State Zip + 4 Code

Last Employing School System: _____

Date of Last Employment in Education: _____

Present Employer Under Employees' Retirement System: _____

Date Present Employment Began: _____

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 § 36-27-12, *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.

Signature _____ **Date** _____

Part II

To Be Completed by Last TRS Employer

Total Current Year Contributions (July 1 – June 30) \$ _____

Contributions To Be Credited After June 30 \$ _____

Signature of Last Employer _____