



Employees' Retirement System of Alabama

Retirement Application Packet

for Non-State Employees

Part I

This packet includes the following documents:

- Form 10, Application for Retirement
- Direct Deposit Authorization Form

The Application for Retirement must be received at least 30 days and not more than 90 days prior to the effective date of retirement. The effective date of retirement must be the first day of a month.



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

Checklist for ERS Retirement

Congratulations! You are about to begin what we hope will be a long and happy retirement. This retirement packet, Part I, contains the information and forms you need to initiate the retirement process. Once we receive your completed Part I forms, you will be sent Part II: Retirement Benefit Option Selection and Tax Form Packet. The retirement process is not complete until you have returned the Retirement Benefit Option Selection Form.

To Apply for Your ERS Retirement Benefit:

- Complete the Form 10, Application for Retirement and detach it. For designation of multiple beneficiaries, a Multiple Beneficiaries Attachment, Form 10MB, must also be submitted. You may obtain the form from the RSA Web site, www.rsa-al.gov, or request a form from the ERS.
- Have your employer certify the Employer Certification portion of the Form 10.
- If you are applying for disability retirement, a Report of Disability Packet must be completed by you and your doctor and received by the ERS along with your Form 10 at least 30 days and not more than 90 days prior to the effective date of retirement.
- Complete the front page of the Direct Deposit Authorization form, then take or mail the form to your financial institution. This form will authorize the Employees' Retirement System to remit and credit your benefit directly to your bank account and eliminate the possibility of your check being lost or stolen.
- Send the Form 10, Application for Retirement, and any other completed forms to: ERS, P. O. Box 302150, Montgomery, AL 36130-2150. Your Application for Retirement must be received by the ERS at least 30 days and not more than 90 days prior to the effective date of retirement. The effective date of retirement must be the first day of a month.
- Once we receive your Application for Retirement (Part I), you will be sent Part II: Retirement Benefit Option Selection and Tax Form Packet. This packet will contain a retirement allowance report. All ERS retiring members automatically receive the Maximum Benefit unless a Retirement Benefit Option is chosen. Your Retirement Benefit Option Selection form must be received by the ERS prior to the effective date of retirement. Otherwise, by law you will automatically receive the Maximum Benefit, which is irrevocable.**
- Make sure that the ERS has your current home mailing address. If your home mailing address should change, notify the ERS in writing. Important information regarding your retirement will be mailed from time to time directly to your home mailing address.

Should you desire to cancel your Application for Retirement, written notice must be given to the ERS prior to your effective date of retirement. Failure to give timely notice will result in an irrevocable application.

Your retirement account will be audited both at the time of retirement and after all contributions have been remitted. Discrepancies between the contributions certified on your Application for Retirement and the contributions remitted to the ERS may affect your retirement benefits and/or your eligibility for retirement.

For further information about the retirement process, please read your ERS Member Handbook. We also encourage you to check out our Web site at www.rsa-al.gov. If you have questions, feel free to contact one of our retirement counselors. As always, we will do our best to help you and all other ERS retirees enjoy their retirement years.

Application for Retirement

Employees' Retirement System of Alabama

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

Member Information

Name SSN

Address Date of Birth

City State Zip Code Home Phone

Employer Work Number

Type of Retirement (Check One): Services Disability (Report of Disability form must also be submitted.)

Date of Retirement
(This date is always the first of a month.)

Name of bank/financial institution to which retirement benefit is to be deposited
(The properly completed Direct Deposit Authorization form must be submitted to the ERS to authorize remittance to the bank/financial institution.)

Beneficiary Designation

The beneficiary whom I should like to receive any benefit due at my death

Relationship to me Date of Birth

Social Security Number

In the event the designated beneficiary listed above is different from that listed on my active account, I desire the change to be effective (**Check One**):

- Upon the submission of this signed and notarized application to the Employees' Retirement System of Alabama.
- On the date of my retirement.

Complete only if employing agency allows conversion of sick leave days to retirement credit.

- I wish to have accrued unused sick leave days converted to retirement service credit.
- I wish to receive a lump sum payment for my unused sick leave in lieu of retirement service credit.

Member Authorization

Signature of Applicant _____ Date _____

STATE OF , COUNTY OF

On this day of , 2010, personally appeared before me, the above named individual and made oath that the statements made are true. Notary _____

My Commission Expires: _____

Employer Certification

Last date of compensated employment _____
Month Day Year

Date of termination _____
Month Day Year

Note: No contributions should be made on lump sum leave pay.

List additional contributions, if any, with date of deductions (i.e. extra pay period, overtime, etc.) _____

Indicate and explain any periods in which deductions were not made (i.e. leave without pay, etc.) _____

Total accrued and unused sick leave **days** at date of retirement for which **no lump sum payment will be made** _____

Job Classification _____

Employer Phone Number _____

Signature of Representative of Employing Agency _____

Please project and certify amount of deductions for the last 4 months for which contributions will be submitted:	
Oct _____	Apr _____
Nov _____	May _____
Dec _____	Jun _____
Jan _____	Jul _____
Feb _____	Aug _____
Mar _____	Sep _____

Notify ERS of changes to above Employer Certification information (e.g. contributions, sick leave, etc.).

Direct Deposit Authorization

Retirement Systems of Alabama

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

The retiree or beneficiary of a deceased retiree must complete the front page of this form. Then take or mail the form to your financial institution so they may verify the information on the front, **complete the information on the reverse side**, and agree to the Master Agreement.

Benefit Recipient Information

Social Security Number _____

Name _____

Address _____

Benefit Recipient (Please check one):

- Retiree
- Beneficiary of Deceased Retiree/Member

Daytime Phone No. _____

Indicate the system(s) from which you would like your benefit(s) direct deposited.

- Teachers' Retirement System
- Employees' Retirement System
- PEIRAF
- Judicial Retirement Fund
- RSA-1

Joint Account Holder's Certification:

I agree to notify the Retirement Systems of Alabama (RSA) immediately of the death of the recipient of the retirement benefits being deposited to this joint account, and to return all payments to the RSA that are deposited to this account after said death. The RSA will determine and pay any survivor benefits. The RSA is authorized to make necessary debit entries to this joint account for any credits that were made in error.

Name(s) of Joint Account Holder(s)

Signature(s) of Joint Account Holder(s)

Date _____

Benefit Recipient Certification:

Each benefit payment is to be credited to my account at the financial institution specified on the reverse side of this form and such payment will be in full payment, satisfaction, and discharge of the amount then falling due and payable to me on account of such payments.

If my death occurs prior to the due date of any payment made by the RSA in compliance with this request or if adjustments are required for any credit entries to my account, I authorize the RSA to make the necessary debit entries to my account. I hereby reserve the right to revoke or cancel this request, such revocation or cancellation to take effect within 30 days of receipt of written notice by the RSA.

I authorize my payment to be sent to the financial institution named on the reverse side of this form to be deposited to the designated account.

Signature of Benefit Recipient _____

Date _____

Financial Institution Information (to be completed by a representative of the financial institution)

Name of Benefit Recipient _____ Soc. Sec. No. _____

Depositor Account No. _____ Bank Routing No. _____

Name of Financial Institution _____ Type of Account: Checking

Savings

Mailing Address _____

Name(s) of Person(s) on this Account: _____

Financial Institution Certification and MASTER AGREEMENT:

Both the Retirement Systems of Alabama (RSA), as Originator, and the above named Financial Institution identified on this side of the form consider the following to be the **MASTER AGREEMENT** pursuant to the provisions of Section 4.8.5 of the 2006 Operating Rules of the National Automated Clearing House Association and agree that it is to be applicable to all payments sent by the RSA to the Financial Institution for the benefit of all benefit recipients having accounts at the Financial Institution.

In consideration of the RSA making payments in accordance with the foregoing request without requiring proof that the retiree/beneficiary identified on this form is alive on the date which such payments become due and are credited to his or her account, the Financial Institution hereby agrees to repay and refund to the RSA on demand, the amount of any payments made to and received by the Financial Institution, the due date of which occurred after the date of death of the benefit recipient. The Financial Institution further agrees to accept the certification of the RSA as to the date of death of such payee as sufficient evidence.

I confirm the identity of the named retiree/beneficiary, account number and type. As representative of the above named Financial Institution, I certify that the Financial Institution agrees to receive and deposit identified payment in accordance with the **MASTER AGREEMENT** and agree that pursuant to Section 4.8.5 of the 2006 Operating Rules of the National Automated Clearing House Association the **MASTER AGREEMENT** is applicable to all payments sent by the RSA to the Financial Institution for benefit of the retiree/beneficiary.

Name of Financial Institution Representative _____

Signature of Financial Institution Representative _____ Date _____

Telephone Number _____

Note: Direct Deposit Authorization forms received after mid-month may not become effective until the following month.

Please return completed form to:

The Retirement Systems of Alabama
P.O. Box 302150
Montgomery, AL 36130-2150