

ENROLLMENT FORM MEMBER INFORMATION RECORD

Teachers' Retirement System of Alabama
P. O. Box 302150 • Montgomery, Alabama 36130-2150
(334) 832-4140 or 1-800-214-2158
Web site: www.rsa.state.al.us

FOR TEACHERS' RETIREMENT SYSTEM USE ONLY
Comments: _____

DKB

Check One:
 New Member
 Transfer from another TRS Agency

Please Print; No Initials

Name: _____
Last First Middle Given Maiden

Social Security Number: _____ - - Sex: Male Female Status: Married Single Widowed Divorced

Date of Birth: ____/____/____

Address: _____
Street or P. O. Box City State Zip

Name of Spouse: _____ Spouse's Date of Birth: ____/____/____
Last First Middle Given

Position You Will Hold:

- 1 Teacher 3 Superintendent 5 Clerical 7 Maintenance 9 Mechanic
- 2 Principal 4 Administrative 6 Lunchroom 8 Bus Driver 10 Other: Specify _____

Have you ever worked for a state agency other than in public education? Yes No

Have you ever been a member of the Teachers' Retirement System? Yes No

Were you a member before you started this job? Yes No Have you ever withdrawn an account? Yes No

If the answer to any of the previous three (3) questions is yes, please complete the applicable columns listing the most recent employment first.

Employing Agency	City	Year	Under What Name	Date Terminated

I certify that I am not presently a member of any other state supported retirement plan in Alabama and have completed to the best of my knowledge and belief all statements and answers printed herein.

Signature of Member: _____ Date: _____

TO BE COMPLETED BY EMPLOYING AGENCY

Employing Agency: _____ Date of Employment: _____

Annual Contract Salary: _____ Number of Days Contracted: _____

Employer Signature: _____ %of Full Time: _____

Title: _____ Date Submitted: _____

Please type or print giving complete information.

DESIGNATION OF PRIMARY BENEFICIARY(IES)

I, the undersigned, do hereby designate the following individuals as my primary beneficiary(ies) to whom I instruct the Board of Control of the Teachers' Retirement System of Alabama to pay, in the event of my death before retirement on pension, any preretirement death benefit and group term life insurance payments due upon my death:

Name: Relationship: Date of Birth:

Address: Street or P. O. Box City State Zip Code

Name: Relationship: Date of Birth:

Address: Street or P. O. Box City State Zip Code

DESIGNATION OF CONTINGENT BENEFICIARY(IES)

In the event the primary beneficiary(ies) designated above does not survive me, I hereby authorize the Teachers' Retirement System of Alabama to pay the benefits to the beneficiary(ies) named below:

Name: Relationship: Date of Birth:

Address: Street or P. O. Box City State Zip Code

Name: Relationship: Date of Birth:

Address: Street or P. O. Box City State Zip Code

I agree on behalf of myself, my heirs and assigns that payment so made shall be a complete discharge of the claim and shall constitute a release of the System from any further obligation on account of the benefit. I hereby direct that should I survive either or both of the before mentioned beneficiaries, the amount which otherwise would have been payable to the beneficiary had he/she been living shall be paid to my estate or to such other beneficiary as I shall hereafter nominate by written designation filed with the Teachers' Retirement System of Alabama in accordance with the rules and regulations prescribed by the Board of Control.

Signature of Applicant: Date:

Please have your signature acknowledged before a Notary Public.

STATE OF ALABAMA, COUNTY OF

On this day of, 20, personally appeared before me the said named to me known and known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged that he/she executed the same and being duly sworn by me, made oath that the statements in the application are true.

Signature of Notary Public:

(Seal)

My Commission Expires:

DESIGNATION OF BENEFICIARY PRIOR TO RETIREMENT

In the event that you should die prior to your retirement, your benefit would be disbursed in one of the following ways:

- If you are any age with 25 or more years of service or over 60 with 10 or more years of service, your benefit payable is a choice of:
1. Option 3 monthly benefit (50% allowance) to designated beneficiary.
2. Return of member contributions and total earned interest plus death benefit equal to the salary on which the member made retirement contributions for the previous scholastic year (July 1 - June 30).
If you are under 60 between 1 and 25 years of service or over 60 between 1 and 10 years of service, your benefit payable is the return of member contributions and total earned interest plus death benefit equal to the salary on which the member made retirement contributions for the previous scholastic year (July 1 - June 30).
If you are any age with less than 1 year of service and the death was job-related, your benefit payable is the return of member contributions and total earned interest plus death benefit equal to annual earnable compensation of member at the time death occurs.
If you are any age with less than 1 year of service and the death was not job-related, your benefit payable is the return of member contributions and total earned interest plus matching death benefit which is limited to a \$5,000 maximum.

Note: If no individual has been designated as beneficiary, the appropriate lump sum payment will be made to the estate.

* If the death occurred more than 180 calendar days after the member's last day in pay status, or if the deceased had applied for a refund of contributions or terminated employment, the lump sum payment would be the same as shown in the last example.