

TRS ENROLLMENT MEMBER INFORMATION RECORD

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



FOR TEACHERS' RETIREMENT SYSTEM USE ONLY
Comments: _____

No Initials Please

Name: _____
First Middle Given Last Maiden

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

Date of Birth: ____/____/____ Email Address: _____

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

Phone Number: _____

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 been employed by a state agency other than in public education in Alabama? Yes No

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

Were you a member before beginning employment with your current employer? Yes No

Have you ever withdrawn contributions from the Retirement Systems? Yes No

If the answer to any of the preceding four (4) questions is yes, please complete the applicable columns listing the most recent employment first.

Employing Agency	City	Year	Under What Name	Date Terminated

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/or 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.

(Seal)

Signature of Notary Public _____

My Commission Expires _____