



For Office Use Only:

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AEA

Retired Membership Enrollment Form

ACTUAL RETIREMENT DATE (MM/DD/YYYY)

NAME (PRINT)

SOCIAL SECURITY NUMBER (REQUIRED)

ADDRESS

CITY

STATE

ZIP CODE

CELL/HOME PHONE NUMBER

ACCEPT TEXT?

YES

NO

EMAIL ADDRESS

*MONTHLY DEDUCTION FROM RETIREMENT CHECK: **\$11.76** PER MONTH

I authorize the Teachers' Retirement System of Alabama to deduct monthly dues from my retirement check for AEA/NEA-Retired and AERA. Current dues amount above will increase with the enactment of future COLAs. My membership deductions are to continue until revoked by written notification to Teachers' Retirement System of Alabama.

SIGNATURE

DATE

*Includes \$3 per month voluntary contribution for AEA's AVOTE to help elect friends of education to public office in Alabama. Deduct \$3 if you choose not to help elect legislators who support COLAs and PEEHIP funding for retirees.