

**APPLICATION FOR SERVICE RETIREMENT**

**TO THE BOARD OF COMMISSIONERS:**

In accordance with the provisions of **Section 12, Retirement Benefits, of Title 36-21-70**, I hereby make application for service retirement.

1. Name in Full \_\_\_\_\_

2. Social Security Number \_\_\_\_\_ 3. Present age \_\_\_\_\_

4. By whom were you employed immediately prior to retirement? \_\_\_\_\_

\_\_\_\_\_ Effective date of retirement \_\_\_\_\_

5. Is your retirement a result of participating in a DROP program? Yes \_\_\_\_\_ No \_\_\_\_\_

6. What was your job title? \_\_\_\_\_

7. **OATH:** I do hereby verify that the information furnished above is true and correct to the best of my knowledge and that if I am again employed as a peace officer, I will notify the Executive Director, at which time my retirement benefit will be stopped.

8. Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

9. Mailing Address of Applicant \_\_\_\_\_

10. Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Active Membership No. \_\_\_\_\_

11. Beneficiary \_\_\_\_\_ SS# \_\_\_\_\_ Relationship \_\_\_\_\_

12. Mailing Address of Beneficiary \_\_\_\_\_

13. Were you divorced after naming your beneficiary of record? Yes \_\_\_\_\_ No \_\_\_\_\_

State of Alabama, County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the above named personally

\_\_\_\_\_ appeared before me and made oath that the statements made above are true.

Signature of Notary Public \_\_\_\_\_

**TO BE FILLED IN BY LAST EMPLOYER:**

Effective Date of Retirement \_\_\_\_\_

Signature by \_\_\_\_\_

(Sheriff, Chief of Police, Mayor, Executive Director, Commissioner)

(Title)

Date signed \_\_\_\_\_

Please MAIL completed form to us. We must have Original Signatures.