

**DECLARATION OF INTENTION TO RETIRE
UNDER JUDICIAL RETIREMENT ACT OF THE
STATE OF ALABAMA**

(Code of Alabama, 1975, Sections 12-18-1 through 12-18-91)

Retirement Creates
Vacancy
Yes or No

RE: _____
(Name) (Judicial Position) (Place #)
STATE OF ALABAMA _____ **COUNTY**

Before me the undersigned authority in and for said county in said state, personally appeared _____
_____ who, being known to me and who being by me first duly sworn, deposes and says as follows:

- I hereby elect to be retired on _____ service disability effective on _____
_____ month _____ day _____ year
under the Alabama Judicial Retirement Act. (This will be the day following last work day)
- I hereby certify that I have served continuously as a _____
(Present Judicial Position) of the State of Alabama since _____
_____ month _____ day _____ year
- Prior Service Credit (Complete if applicable)
 - I hereby certify that the Supreme Court of Alabama has judicially determined that I am entitled to count as credit toward retirement prior service totaling _____ years _____ months _____ days. A copy of that determination is attached hereto.
 - I further certify that the Judicial Retirement Fund of Alabama has determined that I am entitled to additional or other service credit totaling _____ years _____ months _____ days. A copy of that determination or notice is attached hereto.
- I hereby certify that I am _____ years of age, having been born on the _____ day of _____ 19____. A copy of my birth certificate or other official certification of age is attached hereto.
- I hereby certify that at the time my retirement becomes effective I shall take the oath of office as a retired judge and file the said oath with the appropriate officials of the State of Alabama.
- (a) My Social Security Number is (last 4 digits) XXX-XX-_____
(b) My Spouse's Name is _____
(c) My retirement mailing address is _____
_____ Street or Post Office Box
_____ City _____ State _____ Zip
(d) My retirement telephone number is _____ email _____
(e) I desire to continue State Hospital Insurance coverage Yes No; Dependant coverage Yes No
(f) I desire that deductions for Federal Income Tax be withheld from my monthly retirement Yes No
If yes to either (e) or (f), I agree to execute and deliver to the Judicial Retirement Fund of Alabama a properly executed "IRS Form W4-P" and/or insurance Premium Deduction Authorization. I understand that execution and delivery of such forms are conditions precedent to having deductions withheld for either Federal Income Tax or State Insurance.

SWORN TO and subscribed before me this the _____
Day of _____, 20____. _____
Declarant

Notary Public

TO: Judicial Retirement Fund
Retirement Systems of Alabama
201 South Union Street
Montgomery, AL 36104

ENDORSEMENT OF CHIEF JUSTICE

I, _____, in my capacity as Chief Justice of the Supreme Court of Alabama find that

(Name of Retiree) (Present Judicial Position)
is eligible for _____ service disability retirement, to become effective on _____
_____ month _____ day _____ year
that he/she has attained sufficient years of service and age to comply with the provisions of Code of Alabama 1975, §§ 12-18-1 through 12-18-91
Done this the _____ day of
_____, 20____

Chief Justice

- Copy To: 1. Governor, State of Alabama 2. Secretary of State 3. Comptroller, State of Alabama 4. Presiding Circuit Judge 5. Director, Administrative Office of Courts 6. Clerk, _____ Judicial Circuit 7. Chairman, _____ County Commission