

CLERKS' AND REGISTERS' SUPERNUMERARY FUND EMPLOYEES' RETIREMENT SYSTEM OF ALABAMA

For Retirement Systems Office Use Only

NOTICE OF FINAL DEPOSIT AND REQUEST FOR REFUND

Table with 2 columns: Date, Amount. Multiple empty rows for data entry.

The applicant should fill out Part 1 and forward to the Administrative Office of Courts, 300 Dexter Avenue, Montgomery, AL 36104-3741

Part 1

Social Security

Empty box for Social Security number

ERS Acct. No.

Empty box for ERS Account Number

PLEASE PRINT No Initials

Name: Last First Given Middle Given Maiden Date of Birth: Month Day Year

Mail refund to (Street Address or Box Number) (City) (State) (Zip Code)

Any change to the address given here must be submitted to the Retirement Systems of Alabama in writing and be signed by the applicant. Note: Refund will NOT be mailed until the Retirement System receives the member's final deposit and this Form CR-2A

AFFIDAVIT THAT EMPLOYMENT HAS PERMANENTLY TERMINATED

NOTARY PUBLIC

(Date)

I hereby certify that I have permanently terminated my employment as a Clerk or Register and request that the contributions and applicable interest be returned to me. I understand that receipt by me of applicable refund will release the Retirement System from any claim for other benefits. I understand that I am not entitled to the total interest credited to my account, but a portion of the total interest as determined by the number of years I have contributed.

(Signature of Member)

STATE OF ALABAMA, COUNTY OF

Before me, the undersigned authority, a Notary Public in and for said County and State, on this day personally appeared the applicant for refund, known to me to be the person whose name is subscribed to the foregoing instrument, and declared to me upon oath that the forgoing instrument is true and correct. Given, under my hand and seal of office this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(If you have a seal, affix it)

Part 2

CERTIFICATION OF ADMINISTRATION OFFICE OF COURTS

(Date)

Last contribution to Supernumerary Fund to be included in the \_\_\_ report from the State Finance Department (pay period)

Date above-named ceased to be an employee (Month) (Day) (Year)

Total period above-named has contributed to the Clerks' and Registers' Supernumerary Fund: \_\_\_ years \_\_\_ months

I hereby certify the final salary payment has been made to the above-named and that this person has no further contract, written or oral, to return to employment of said agency.

(Signature)

(Official Title)