

Complete and sign this form if you are leaving employment and would like to receive information regarding refund of contributions and other options.

Please print clearly in black ink.

Retirement Plan (check one): State/Teachers Municipal/Police & Fire State Police Judges

Section 1: Member Information

First Name MI Last Name

Address

City State ZIP

Home Telephone Number Business Telephone Number

Email Address SSN (last 4 digits only)

Section 2: Spouse Information

First Name MI Last Name

Date of Birth (mm/dd/yyyy)

Section 3: Termination Information

Termination Date (mm/dd/yyyy)

Section 4: Member's Statement and Signature

I hereby apply to terminate my employment and participation in the Employees' Retirement System of Rhode Island and understand that my termination will become effective on the first day following my last day of employment.

Member Signature Date of Signature (mm/dd/yyyy)

Return the completed form by mail to the address below or by fax. Typed or electronic / digital signatures cannot be accepted. Incomplete or inaccurate forms will not be processed.