



## APPLICATION FOR TERMINATION PACKET

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 (street number, street name and apartment number)						
City		State		Zip code		
Home phone number (area code and number)			Business phone number (area code and number)			
Date of birth (mm/dd/yyyy)			Social Security number (4 last 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)						
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### Section 4 – Member's 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)			
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Please forward this completed form, dated and signed, to the following address:

Employees' Retirement System of Rhode Island  
50 Service Avenue 2<sup>nd</sup> Floor  
Warwick, RI 02886-1021  
Office: (401) 462-7600 | Fax: (401) 462-7691  
Email: [ersri@ersri.org](mailto:ersri@ersri.org) | Web site: [www.ersri.org](http://www.ersri.org)