

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

Section 1: Member Information

	State	ZIP		
Home Telephone Number		Business Telephone Number		
	SSN (last 4 digits only)			
		Business Telephone Number		

Section 2: Spouse Information

First Name	MI	Last Name
Date of Birth (mm/dd/yyyy)		

Section 3: Termination Information

Termination Date (mm/dd/yyyy)



APPLICATION FOR TERMINATION PACKET

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 to the address below. Incomplete or inaccurate forms will not be processed.

Employees' Retirement System of Rhode Island 50 Service Avenue, 2nd Floor Warwick, RI 02886-1021

Office: (401) 462-7600 | Fax: (401) 462-7691 Email: <u>ersri@ersri.org</u> | Website: <u>www.ersri.org</u>