

ASEA RETIRED ANNUAL MEMBERSHIP APPLICATION

110 N. JACKSON ST., MONTGOMERY, AL 36104 * www.asea.org * (334)834-6965 * Fax (334)834-4904 * 1-800-252-7063

- You may pay MONTHLY PAYROLL DEDUCTION \$9.00* Lump sum annual dues \$108
(If you choose monthly payroll deduction, your dues will be deducted from your check issued by the Retirement Systems of Alabama.)
- Bank Draft (\$9.00 per month/\$108 annual) Credit Card (\$9.00 per month/\$108 annual)

Name (Mr. /Ms.) _____

Soc. Sec. No. _____ Date of Birth (optional) : ____ / ____ / ____

Home Address _____ City _____ , AL ZIP _____

Phone (H) _____ Cell _____ Email _____

Recruiter: _____ Recruiter's ASEA Membership ID #: _____

Beneficiary's Name ** _____ Relationship _____

** (Upon membership, you receive a \$5,000 Accidental Death and Dismemberment Insurance Policy at no additional cost)

Please all which apply:

- I am already retired
 I will be retiring on _____
 Yes, I want a Last Will & Testament (at no additional cost)
 Yes, I want a Living Will (at no additional cost)
 Yes, I want a Power of Attorney (at no additional cost)

X _____
Retired Member Signature

DEBIT AUTHORIZATION FORM

I (we) hereby authorize Alabama State Employees Association Retired (ASEA Retired) to initiate entries to my (our) checking/savings accounts at the financial institution listed below and, if necessary, initiate adjustments for any transactions debited in error. This authority will remain in effect until ASEA Retired is notified by me (us) in writing to cancel it in such time as to afford ASEA Retired and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name of Financial Institution _____

Date _____

Signature _____

Name (Print) _____

Dues Withdrawn \$9 per month or \$108 annual (please circle)

Financial Institution Routing Number _____

Checking/Savings Account Number _____

These numbers are located on the bottom of your check as follows:

example: **Ⓜ** 123456789 **Ⓜ** 1234567890123 **Ⓜ**
ROUTING NUMBER ACCOUNT NUMBER

Visa MasterCard AmEx Discover

\$9 month \$108 annual

Name on Card _____

Card # _____

Exp. Date _____ Security Code _____
MM/YY

X _____
Signature

(PLEASE KEEP APPLICATION IN ONE PIECE. DO NOT TEAR APART.)

AUTHORIZATION FOR ASEA RETIRED PAYROLL DEDUCTION

Name _____ Soc. Sec. No. _____

Dept./Div. _____

*I understand this is an annual membership application with total payments of \$108 per year. I also understand that annual membership dues of \$108 per year include \$10.67 for an annual subscription of the *Insider*.

By signing this application, the applicant gives express permission to ASEA Retired, its subsidiaries and affiliates, and affiliated vendors to send to applicant information and advertisements by, but not limited to, the following means: facsimile, email, US mail, or private courier.

FOR OFFICE USE ONLY

Payroll Code _____

ASEA Retired \$9.00

Effective Date _____

Retired Member Signature: _____

The Active Association for Retired State Employees

ALABAMA STATE
EMPLOYEES ASSOCIATION



*Keeping in touch
with state government*

ASEA Retired Members . . .



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 656 MONTGOMERY AL

POSTAGE WILL BE PAID BY ADDRESSEE

**ALABAMA STATE EMPLOYEES ASSN
110 N JACKSON ST
MONTGOMERY AL 36177-9728**

