



PROTECT YOUR RETIREMENT with ASEA Retired

110 N. Jackson St.
Montgomery, AL 36104
www.asea.org
Phone (334)834-6965
Fax (334)834-4904
Toll Free (800)252-7063



Name (Mr. /Ms.) _____

Check for **FREE** spouse membership Spouse name _____

Soc. Sec. No. _____ Date of Birth (optional) _____ MM/DD/YYYY

Home Address _____ City/State _____ ZIP _____

Phone (H) _____ Mobile/Cell _____ Email _____

Recruiter _____ Recruiter's ASEA Membership ID # _____

Beneficiary's Name ** _____ Relationship _____

Spouse Beneficiary's Name ** _____ Relationship _____

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

SIGN HERE:

X _____

Retired Member Signature

X _____

Spouse Signature

I am already retired.

I will be retiring on _____ MM/DD/YYYY

I PREFER TO PAY:

MONTHLY PAYROLL DEDUCTION (\$9 dues + \$2 SEA-PAC = **\$11.00 per month***)

Lump sum annual dues \$132

Bank Draft (\$9 dues + \$2 SEA-PAC = **\$11.00 per month** / \$132 annual)

Credit Card (\$9 dues + \$2 SEA-PAC = **\$11.00 per month** / \$132 annual)

(If you choose monthly payroll deduction, your dues will be deducted from your check issued by the Retirement Systems of Alabama.)

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 _____

Signature _____

Name (Print) _____

Dues Withdrawn \$11 per mo. or \$132 annual (please circle one)

Financial Institution Routing Number _____

Checking/Savings Account Number _____

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

example: 1 : 123456789 1 : 1234567890123 11 :
ROUTING NUMBER ACCOUNT NUMBER

CREDIT CARD AUTHORIZATION:

Date _____

Visa MasterCard AmEx Discover

\$9 dues + \$2 SEA-PAC = **\$11.00 per month** \$132 annual

Name on Card _____

Card # _____

Exp Date _____ MM/YY Security Code _____

X _____

Signature

AUTHORIZATION FOR ASEA RETIRED PAYROLL DEDUCTION:

Name _____ Soc. Sec. No. _____

Retired from Dept. / Div. _____

*I understand that this is an annual membership application with total payments of \$132 per year. I also understand that annual membership dues of \$132 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. If you would not like to participate in SEA-PAC, please deduct two dollars from the monthly rate.

X _____

Retired Member Signature

FOR OFFICE USE ONLY

Payroll Code _____

ASEA Retired \$9 dues + \$2 SEA-PAC

Effective Date _____

*SEA-PAC is a political action committee which promotes the interest of active and retired state employees. SEA-PAC is independent of ASEA and receives no funding from ASEA.