2009 ANNUAL STATEMENT OF EARNED INCOME
NEW MEMBER DATA

- MEMBER'S NAME:_____
  LAST FIRST MIDDLE INITIAL
- ADDRESS: _____
- SOCIAL SECURITY NUMBER: _____
- DATE OF BIRTH:_____
- DATE OF RETIREMENT:_____
- AGENCY RETIRED FROM:_____
- POSITION/TITLE:_____
- TYPE OF DISABILITY (ACC/ORD):_____
- ANNUAL ANNUITY AMOUNT: $_____
- ANNUAL PENSION AMOUNT: $_____
- ANNUAL DEPENDENCY AMOUNT: $_____
- WORKERS COMPENSATION OFFSET AMOUNT: $_____

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Please make sure all information is complete and accurate.