## 2016 ANNUAL STATEMENT OF EARNED INCOME NEW MEMBER DATA

MEMBER'S NAME	E:		
	LAST	FIRST	MIDDLE INITIAL
ADDRESS:			
SOCIAL SECURITY	Y NUMBER:		
DATE OF RETIRE	MENT:		
AGENCY RETIREI	O FROM:		
POSITION/TITLE:_			
TYPE OF DISABIL	ITY (ACC/ORD):_		
ANNUAL ANNUIT	Y AMOUNT: \$		
ANNUAL PENSION	N AMOUNT: \$		
ANNUAL DEPEND	DENCY AMOUNT	: \$	
WODKEDS COM	ENICATION OFFI	ET ANGLINE A	
		ET AMOUNT: \$	********
	********* E:	******	*******
**************************************	*************** E: LAST	**************************************	MIDDLE INITIAL
**************************************	*************** E: LAST	******	MIDDLE INITIAL
**************************************	**************************************	**************************************	MIDDLE INITIAL
**************  MEMBER'S NAME  ADDRESS:  SOCIAL SECURITY	***************  LAST  Y NUMBER:	**************************************	MIDDLE INITIAL
***************  MEMBER'S NAME  ADDRESS:  SOCIAL SECURITY  DATE OF BIRTH:_	**************************************	**************************************	MIDDLE INITIAL
*********************  MEMBER'S NAME  ADDRESS:  SOCIAL SECURITY  DATE OF BIRTH:_  DATE OF RETIREN	**************  LAST  Y NUMBER:  MENT:	**************************************	MIDDLE INITIAL
******************** MEMBER'S NAME ADDRESS: SOCIAL SECURITY DATE OF BIRTH:_ DATE OF RETIREM AGENCY RETIREM POSITION/TITLE:	*************  LAST  Y NUMBER:  MENT:  D FROM:	**************************************	MIDDLE INITIAL
******************** MEMBER'S NAME ADDRESS: SOCIAL SECURITY DATE OF BIRTH:_ DATE OF RETIREM AGENCY RETIREM POSITION/TITLE:	*************  LAST  Y NUMBER:  MENT:  D FROM:	**************************************	MIDDLE INITIAL
**************************************	*************  LAST  Y NUMBER:  MENT:  D FROM:  ITY (ACC/ORD):	**************************************	MIDDLE INITIAL
****************** MEMBER'S NAME ADDRESS: SOCIAL SECURITY DATE OF BIRTH:_ DATE OF RETIREM AGENCY RETIREM POSITION/TITLE: TYPE OF DISABIL ANNUAL ANNUIT	***********  E:	FIRST	MIDDLE INITIAL
MEMBER'S NAME ADDRESS: SOCIAL SECURITY DATE OF BIRTH:_ DATE OF RETIREM AGENCY RETIREM POSITION/TITLE: TYPE OF DISABIL ANNUAL ANNUIT ANNUAL PENSION	**************  E:  LAST  Y NUMBER:  MENT:  D FROM:  ITY (ACC/ORD):  Y AMOUNT: \$  N AMOUNT: \$	**************************************	MIDDLE INITIAL

Please make sure all information is complete and accurate.