2016 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.