2012 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: <u>\$</u>				
•	ANNUAL DEPENDENCY AMOUNT:				
•	WORKERS COMPENSATION OFFSET AMOUNT: \$				
•	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 PENSION AMOUNT: <u>\$</u>				
•	ANNUAL DEPENDENCY AMOUNT: \$				
•	WORKERS COMPENSATION OFFSET AMOUNT:				

Please make sure all information is complete and accurate.