

ARKANSAS STATE HIGHWAY EMPLOYEES' RETIREMENT SYSTEM
CERTIFICATE OF MEMBERSHIP

To the Board of Trustees
Arkansas State Highway Employees' Retirement System
Little Rock, Arkansas

Social Security Number Last Name First Name

Middle employed as at District / Division
is a member of ASHERS in accordance with the provisions of Act 454 of the 1949 General Assembly as amended by the Act 167 of 1969.

Permanent Mailing Address (Street or RFD) (City) (State) (Zip Code)

Date of Birth Male Female

Place of Birth (City or Town) (State) A certified or photostatic copy of Birth Certificate, Church Record, Family Bible Record or Form R-2 Proof of Age will be required prior to retirement.

Phone ( ) E-mail

YES NO Are you retired and receiving benefits (such as a check) from another Arkansas Public System?

Beneficiary Information

I hereby appoint and constitute (Name of Beneficiary) (Beneficiary Soc. Sec. No.)

(Date of Birth) whose relationship to me is (Relationship) and whose permanent address is

(Street Number or RFD) (City) (State) (Zip Code)

Phone ( ) E-mail

as sole beneficiary of all my rights and claims to my accumulated contributions in case of death while a member of ASHERS. (If beneficiary is a minor, name custodian below)

If minor, (Custodian Name) "as custodian for (Name of minor) under the Arkansas Uniform Transfer to Minors Act"

Signature of Applicant Date

DO NOT WRITE BELOW THIS LINE - FOR RETIREMENT AND PERSONNEL USE ONLY

Form box containing fields for NEL, New Hire, Rehire, Employee ID Number, and Effective Date of Membership.