

USE BLACK INK ONLY

FORM NO.: CRN-1
(Revised 5/27/97)

**STATE EMPLOYEES' PENSION PLAN
CONTRIBUTIONS RETENTION NOTICE**

TO THE OFFICE OF PENSIONS: **DATE:** _____

I, _____ SSN# _____, have terminated my employment
with _____ effective _____.

Name of Agency/School

I hereby elect to leave my accumulated pension contributions in the State Employees' Retirement Fund and continue to earn interest at a rate established by the Board of Pension Trustees. I have less than five years of service in a pension covered position. I understand that if I have more than five years of service, I must file a vested pension application through my personnel office.

Also, by leaving the contributions in the Retirement Fund, I retain my status as a member of the Retirement Plan should I later return to State service and subsequently accumulate sufficient years to restore my prior service credits.

I understand that by leaving my contributions in the Retirement Fund, I must notify the Office of Pensions of any change of address or name during the period this election is in effect.

Signature: _____ Telephone #: _____

Address: _____

THE FOLLOWING TO BE COMPLETED BY AGENCY/SCHOOL

I hereby certify the above applicant has terminated employment with this agency/school effective _____.

Authorized Signature

Title

Agency/School Name

Date