CURRENT

FORM APPROVED OMB NO. 3220-0005

IV IILIV	OND RETIREMENT B	O I II I	•								•						O.	1411	10. 5.	220-000.	
								Section 1 – Identifying Information													
Notice of Retirement and Request for							Social Security No.														
Service Needed for Eligibility									2. Name of Employee												
3. Ra	ilroad Name and Addres	s					4.	4. BA No.					5. Payroll Number					6. Job Title			
							7.	Work	Locati	on		8. [(9. RRB Filing Date						
Facsimile Number:							10.	10. Date Last Worked or Paid for Time Lost					11. Date Rights Relinquished (If applicable)					12. Date Released			
					Pa	perw	ork F	Redu	ction	Act I	Notic	:e									
(RRA annui We e neede respo accur	Railroad Retirement Bo .) (45 U.S.C. 231f(b)(6 ity under Section 2 of the stimate this form takes and data, and reviewing and to, a collection of in- acy of our estimates of)). The the RF s an a g the c nforma or any	e infor RA (45 verag comple ation of other	mation of U.S. e of 5 eted for unless aspection of the content of	nority on request. Se minu- orm. For the sit dis- ct of the sit dis-	for reduested c. 231 tes per edera plays	questi d is us la.) er resp al age a vali m, ind	ng this sed by conse ncies id OM	s infor the F , inclu may r B num g sugg	mation RRB to ding the not con nber. In gestion	n is So detended ne timenduct f your	ection rmine e for a or spo wish, reduce	your review onsor, send ing th	emplo ving the and in any contine	oyee's ne inst respoi omme npletic	eligi truction nden ents r	bility ons, ts are egar	getti getti e not ding the	ng the ng the t requ the Asso	e e e e e e e e e e e e e e e e e e e	
	Information Officer for		•		pliand	е, ка	iiroad	Retire	ement	Board	3, 844	Norti	n Rus	n Stre	et, Ci	nicag	JO, IL	606	11-12	275.	
	ion 2 - Employer In employee filed an appl				nuity s	nd ha	e info	rmed	the P	DR th	at (c)h	o roli	nguiel	had a	mnlov	mani	t riah	te (if	annli	icable)	
	stopped working on the						15 11110	iiiieu	uie ix	ND III	at (5)1	ie reiii	riquisi	ieu ei	проу	mem	riigii	119 (11	арріі	icable)	
•	Complete Item 13 be	low <u>c</u>	only if	the d	ate in	Item	10 dif	fers fr	om th	e date	on yo	our re	cords								
	Always complete Ite																				
IMPO of Cre	Fax this form to (312) Retirement Initial Sec The employee cannot DRTANT NOTE: This e editable Compensation	tion, 8 t be averned employ n. If yo	844 No warde yee's ou hav	orth Red an a service service	tush S annuit ce moi ques	Street, ly unti nths a	Chical I we reind co	ago IL eceive mpen	6061 this is sation	11-127 inform n must	'5, wi : ation. also	thin 1 be inc	0 day cluded	rs of t ⊢on yo	t he da our Fo	ate re	eleas BA-3,	ed k Anr	y the nual R	RRB.	
Reporting Service Center at (312) 751-4992.														Month Day				Year			
13.	Date Last Worked or F	ecord	ls →					l l l			ıy	 									
14.	Indicate with an "X " m	onths	the e	mnlov	vee ha	ad ser	vice	The "	Curre	nt Yea	r" ref	ers to	to the year shown in I				tem 10. "Prior Year" is				
	the year before. If this	form	will b	e subi	mitted	l befor	re you	ır ann	ual re	port fo	r the	prior y	ear, d	compl	ete ite	ems a	about	t the	prior	year	
as well. Do not report service months after the date								1	1			l NI	I D TOT			TAL N	AL MONTHS				
	Current Veer	J	- F	IVI	Α	IVI	J	J	Α	S	0	N	D		10	IALI	VIOIN	ΙΠΟ			
	Current Year								1												
	Prior Year																				
	REMARKS																				
	ion 3 - Employer C																				
	I understand that civil information to misreprethe best of my knowle	esent dge, t	a fact	mate	rial to	deter	minin	g a rig	ght to	payme	ent un	der th	ne Rai	Iroad	tatem Retire	ents emen	or fo	or wit t. I ce	thhold ertify t	ding that, to	
	Signature of Certifying Officer Date																				
	Title of Certifying Officer											- -	Teleph	one N	0.						
	. .							()												
-	Facsimile No.									E-Mail	Addre	SS									
	()																				

NOTE: IF EMPLOYEE RETURNS TO COMPENSATED SERVICE NOTIFY THE RRB IMMEDIATELY.