Section 1 – Identifying Information														
Notice of Retirement and	1.	Socia	l Secur											
Request for														
Service Needed for Eligibility	2.	2. Name of Employee												
3. Railroad Name and Address	4.	BA No		5. F	. Payroll Number				6. Job Title					
	7.	7. Work Location				8. Dept. or Div.				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			
Paper	work F	Redu	ction	Act	Notic	e								
The Railroad Retirement Board's (RRB) authority for re (RRA) (45 U.S.C. 231f(b)(6)). The information requeste annuity under Section 2 of the RRA (45 U.S.C. Sec. 23	ed is us	ng this sed by	s infor the R	matio	n is S dete	ection rmine	7(b)(6) your em	of th ploy	e Railro /ee's eli	oad Re gibility	tiren for a	nent A a retir	Act ement	
We estimate this form takes an average of 5 minutes p needed data, and reviewing the completed form. Fede respond to, a collection of information unless it display accuracy of our estimates or any other aspect of this for Chief Information Officer for Policy and Compliance, R	ral age s a vali orm, ind	ncies id OMI cluding	may n B num g sugo	ot cor ber. I estion	nduct f you ns for	or spo wish, reduc	onsor, and send and ing the c	id re / co :om;	esponde mments oletion t	ents ar s regai ime, to	e not ding the	requ the Asso	ired to ciate	
Section 2 - Employer Instructions					,				,	<u>, </u>				
This employee filed an application for an annuity and hand stopped working on the date shown in Item 10.	as info	rmed	the R	RB tha	at (s)ł	ne relii	nquished	l em	ployme	nt righ	its (if	appli	cable)	
Complete Item 13 below only if the date in Item	10 dif	fers fr	om the	e date	on y	our re	cords.							
 Always complete Items 14 and 16. 					_									
 Fax this form to (312) 751-7192 or mail it to the URE Retirement Initial Section, 844 North Rush Street The employee cannot be awarded an annuity un IMPORTANT NOTE: This employee's service months of Creditable Compensation. If you have any guestions 	t, Chica til we re and co	ago IL eceive Impen	6061 this i sation	1-127 nform must	'5, wi ation. also	t hin 1 be inc	0 days o luded or	of th	ie date ur Form	releas BA-3.	ed b	y the ual R	RRB.	
eporting Service Center at (312) 751-4992.													unty	
13. Date Last Worked or Paid for Time Lost on Your Records →							Month	1	Day	Year				
Indicate with an "X," months the employee had service. The "Current Year" refer						oro to	the veen	aba	uun in It	- 1C	"D	rior V	oor" io	
 Indicate with an "X," months the employee had se the year before. If this form will be submitted before as well. Do not report service months after the day 	ore you	ır annı	ual rep											
J F M A M	J	J	Α	S	0	N	D	TOTAL MONTHS						
Current Year														
Prior Year														
15. REMARKS			•	•	•								11	
Section 3 - Employer Certification	:				an fal							ام ما ما		
Section 3 - Employer Certification 16. I understand that civil and criminal penalties can linformation to misrepresent a fact material to dete	erminin	g a rig	jht to j	oayme	ent un	der th	e Railro	nt sta	atement Retireme	ts or fo	or wit	hhold ertify t	ing hat, to	
Section 3 - Employer Certification 16. I understand that civil and criminal penalties can lead to the control of the control	erminin	g a rig	jht to j	oayme	ent un	der th	e Railro	nt sta	atemeni Retireme	ts or fo	or wit	hhold ertify t	ing hat, to	
Section 3 - Employer Certification 16. I understand that civil and criminal penalties can linformation to misrepresent a fact material to detect the best of my knowledge, the information which	erminin	g a rig	jht to j	oayme	ent un	der th	e Railroa correct.	ad R	Retireme	ts or fo	or wit	hhold ertify t	ing hat, to	
Section 3 - Employer Certification 16. I understand that civil and criminal penalties can linformation to misrepresent a fact material to dete the best of my knowledge, the information which Signature of Certifying Officer	erminin	g a rig	jht to j	oayme	ent un	der th	e Railro correct. Date	ad R	Retireme	ts or fo	or wit	hhold ertify t	ing hat, to	

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