			Section 1 – Identifying Information																	
Notice of Retirement and Request for						1. Social Security No.														
Service Needed for Eligibility							2. Name of Employee													
3. Railroad Name and Address						4.	4. BA No. 5				5. F	. Payroll Number				6. Job Title				
						7.	Work I	Vork Location 8. Dept. or Div.					9. RRB Filing Date							
Esseineile Munchen							Paid for Time Lost					. Date Rights Relinquished (If applicable)				12. Date Released				
Facsimile Number:																				
Paperwork Reduction Act Notice The Railroad Retirement Board's (RRB) authority for requesting this information is Section 7(b)(6) of the Railroad Retirement Act														_ +						
(RRA) (45 U.S.C. 231f(b)(6)). The information requested is used by the RRB to determine your employee's eligibility for a retirement annuity under Section 2 of the RRA (45 U.S.C. Sec. 231a.)																				
We estimate this form takes an average of 5 minutes per response, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send any comments regarding the accuracy of our estimates or any other aspect of this form, including suggestions for reducing the completion time, to the Chief of																				
Information Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-2092. Section 2 - Employer Instructions																				
				uity a	nd ha	s info	rmed	the RI	RB tha	at (s)h	e relii	nguisł	ned ei	mployme	nt rie	ahts (if	applic	able)		
This employee filed an application for an annuity and has informed the RRB that (s)he relinquished employment rights (if applicable) and stopped working on the date shown in Item 10.																				
 Complete Item 13 below <u>only</u> if the date in Item 10 differs from the date on your records. Always complete Items 14 and 16. 																				
 Fax this form to (312) 751-7192 or mail it to the U.S. Railroad Retirement Board, Retirement Benefits Division, 844 North Rush Street, Chicago IL 60611-2092, within 10 days of the date released by the RRB. The employee cannot be awarded an 																				
annuity until we receive this information.																				
IMPORTANT NOTE: This employee's service months and compensation must also be included on your Form BA-3, Annual Report of Creditable Compensation. If you have any questions, refer to the "Reporting Instructions to Employers" or telephone the Quelity.																				
of Creditable Compensation. If you have any questions, refer to the "Reporting Instructions to Employers" or telephone the Quality Reporting Service Center at (312) 751-4992.																				
13. Date Last Worked or Paid for Time Lost on Your Re						oord							Month Day			Year				
14. Indicate with an "X," months the employee had service. The "Current Year" refers to the year shown in Item 10. "Prior Year" is the year before. If this form will be submitted before your annual report for the prior year, complete items about the prior year														ar" is ear						
as well. Do not report service months after the date in I														ΤΟΤΑΙ	AL MONTHS					
Current Year																				
Prior Year																				
15. REMARKS																				
Section 3 - Employer Certification																				
16. I understand that civil and criminal penalties can be imposed against me for false or fraudulent statements or for withholding																				
information to misrepresent a fact material to determining a right to payment under the Railroad Retirement Act. I certify that, to the best of my knowledge, the information which I have given is true, complete, and correct.																				
Signature of Certifying Officer												Date								
Title of Certifying Officer											1	Telephone No.								
Facsimile No.									-Mail	Addra)							
										E-Mail Address										
NOTE: IF EMPLOYEE RETURNS TO COMPENSATED												/ TUF			1					
NOTE: IF E	VIPLO			CN3			AGN						: KKE			CLI.				