

Please print clearly.

Member's Name _____ Social Security Number _____

I. MEMBER AFFIDAVIT OF COMPLIANCE

State of Arkansas)
 County of _____)

Before the undersigned Notary Public duly qualified and acting in and for this county and state, appeared _____ to me well known or satisfactorily proven to be the affiant herein, who stated the following under oath:

1. I am _____, the duly elected and serving _____ of _____.
2. I have or will have resigned from my office effective _____.
3. I hereby certify that, at the time of my resignation, I will be terminated from my public position in full compliance with A.C.A. 24-4-520 and APERS Regulation 220.

In witness whereof, I hereunto set my hand this ____ day of _____, ____.

 Retiring Official Signature

Subscribed and sworn to before me this ____ day of _____, ____.

 Notary Public Seal

II. EMPLOYER'S AFFIDAVIT OF COMPLIANCE

Employer's Affidavit of Compliance with A.C.A. 24-4-520 and APERS Board Regulation 220

State of Arkansas)
 County of _____)

Before the undersigned Notary Public duly qualified and acting in and for this county and state, appeared _____ to me well known or satisfactorily proven to be the affiant herein, who stated the following under oath:

1. I am _____ and am the local official responsible for certifying that the public office held by _____ has been vacated.
2. I hereby certify that _____ has or will have vacated his/her elected office in compliance with state law and that he/she is or will be terminated from that position in full compliance with A.C.A. 24-4-520 and APERS Regulation 220.

In witness whereof, I hereunto set my hand this ____ day of _____, ____.

 Local Official

Subscribed and sworn to before me this ____ day of _____, ____.

 Notary Public Seal