



**MAINE SERVICE EMPLOYEES ASSOCIATION
LOCAL 1989, SERVICE EMPLOYEES INTERNATIONAL UNION
Phone: (207) 622-3151 FAX: (207) 623-4916 Website: www.mseaseiu.org
AUTHORIZATION FOR ROLL-OVER TO RETIREE MEMBERSHIP**

SSN#: _____

Name (please print): _____
Last First MI

Upon my retirement, I hereby authorize the Maine Public Employees Retirement System to deduct from my pension the amount as may from time to time be voted by the Council of the Maine Service Employees Association as dues for retired members. I understand that retiree membership in the Maine Service Employees Association is entirely voluntary and that I may terminate my membership by giving fifteen (15) days written notification to the Association, which will notify the Maine Public Employees Retirement System of this action.

Signature of Member: _____ Date: _____

Return to: Maine Service Employees Association
5 Community Drive Ste 3
Augusta, ME 04330