



**MAINE STATE EMPLOYEES ASSOCIATION  
LOCAL 1989, SERVICE EMPLOYEES INTERNATIONAL UNION  
Phone: 622-3151 or 1-800-452-8794 Website: www.mseaseiu.org  
AUTHORIZATION FOR ROLL-OVER TO RETIREE MEMBERSHIP**

Soc. Sec. #: \_\_\_\_\_ Name (please print): \_\_\_\_\_  
Last Name First Name MI

Upon my retirement, I hereby authorize the Maine State Retirement System to deduct from my pension the amount as may from time to time be voted by the Council of the Maine State Employees Association as dues for retired members. I understand that retiree membership in the Maine State 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 State Retirement System of this action.

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

Return form to: Maine State Employees Association  
65 State Street  
Augusta, ME 04330-5126