VERMONT MUNICIPAL RETIREMENT SYSTEM 109 STATE STREET MONTPELIER, VT 05609

APPLICATION TO PURCHASE SERVICE CREDIT

INSTRUCTION AND GENERAL INFORMATION: Section A is to be completed by the member, Section B is to be completed by former employer, and Section C is to be completed by former retirement system.

SECTION A (TO BE COMPLETE	ED BY THE ME	EMBER)			
SS#SS#					
Address					
Date of Birth Home Phone #			Business Phone #		
Previous Name(s) Current Employer					
SECTION B (TO BE COMPLETE	D BY FORME	R EMPLOYER))		
Use one line for each year of employ	ment. <u>Do NOT</u>	include Leave	of Absence.		
Name and address of employer	Start Date	End Date	Full Time	Part Time	<u>Public /</u> <u>Private</u>
* If part time enter FTE percentage	or number of f	ull days actual	ly worked.		
1. Members Position/assignment for the	he above employ	yment (teacher,	Police, etc.)		
2. Was the position covered by a Teach System? Yes □	hers, Municipal	Retirement Sys	tem or Statewic	de Employer's R	etirement
3. If you answered no to question 2, p	lease provide an	explanation _			
I certify that the above information wa	s extracted from	n official payroll	l records and/or	substantiation of	documents.
Name of attesting official		T	Title		
Address					
Signature	D	ate	Pho	ne #	

SECTION C (TO BE COMPLETED BY FORMER RETIREMENT SYSTEM)

Attention former Retirement System: Please complete the required information below so VSRS can determine the cost for the interested member. Please sign the form and mail it to: VSRS 109 State Street, Montpelier, VT 05609

Μe	ember nameSS#					
1.	Was applicant a member of your Retirement System? Yes \(\square\) No \(\square\)					
2.	Please enter dates of service (month/year) From					
3.	te the total amount of service credit to the applicants account in your system					
4.	Indicate the last month and year that service credit was credited to applicants account					
5.	Is your retirement system a defined benefit (DB) or defined contribution (DC) plan? If defined benefit, please answer 5a and 5b.					
5a.	Is the applicant currently receiving or entitled to receive a benefit from your defined benefit retirement system for credit established with your system? Yes \(\Boxed{\square}\) No \(\Boxed{\square}\)					
5b.	Did the member forfeit the right to all benefits under former defined benefit retirement system? Yes \square No \square					
6.	Did the member forfeit the right to all benefits under former retirement system? Yes ☐ No ☐					
	Date of refund (month/year) Amount of service credit cancelled by refund					
I ce	ertify that the above information was extracted from official records and/or substantiation documents.					
	Please print or type					
Na	me of attesting officialTitle					
Sig	nature Date Phone number					
Ret	tirement System Name Fax number					
Δd	dress					