



**Your SSN** \_\_\_\_\_

**Check one:**  TRS  ERS

**Your Information**

*No initials please*

Name \_\_\_\_\_  
First Middle/Maiden Last

Address \_\_\_\_\_  
Street or P.O. Box City State ZIP Code

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Member Certification**

*Please check one*

*Form must be completed in order for previously withdrawn service to be credited to your retirement account.*

**I certify that:**

- I have not established with any other public Retirement System credit for my previously withdrawn service.
- I have established with another public Retirement System credit for my previously withdrawn service.
- I have established with another public Retirement System credit totaling \_\_\_\_\_ years \_\_\_\_\_ months which represents part of my previously withdrawn service.

**Signature Certification**

**Sign Here →** Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please have your signature acknowledged before a Notary Public.**

State of \_\_\_\_\_, County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public, hereby certify that the above named individual whose name is signed to the foregoing document, personally appeared before me and acknowledged under oath that the statements made are true. Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_