

OUT OF STATE / FEDERAL SERVICE AFFIDAVIT (Employee)

DO NOT ALTER THIS FORM OR USE WHITE OUT

Pursuant to A. R. S. Section 38-816, Any present active elected official who has at least **TEN** years of credited service with the plan may elect to redeem up to **SIXTY** months of any part of the following prior service or employment by paying into the fund the amounts required under subsection B of this section if the prior service or employment is not on account with any other retirement system or plan.

I hereby make application for a calculation to redeem service credits refunded from employment with an agency of the United States government, a state of the United States or a political subdivision of a state of the United States to my current retirement system in this state.

Member Name _____ Social Security Number _____ / / _____
Date of Birth _____

Address (Street) _____ (City) _____ (State) _____ (Zip) _____
Telephone Number _____

Former Employer or Retirement System Name _____ Position Held _____ Contact Person _____

Address (Street) _____ (City) _____ (State) _____ (Zip) _____
Telephone Number _____

Prior Service Dates: From _____ / _____ / _____ to _____ / _____ / _____
Did you receive compensation for your employment during this period of service? Yes No

To redeem refunded credited service, indicate number of months you wish to have calculated: _____

Current Employer _____ Current Retirement System or Plan _____

Service Date _____ / _____ / _____ Current Position/Classification _____

YOU MUST READ, COMPLETE AND INITIAL THE FOLLOWING if you participated in a retirement plan during the time periods listed above.

- _____ I am no longer eligible for a benefit from the _____ Retirement Plan because I took a refund from the plan on or about _____ (approximate date) or there were no benefits available to me when I terminated my membership in the plan.
- _____ I am currently eligible for a retirement benefit from the _____ Retirement Plan, but will forfeit my benefits from that plan before I make arrangements to purchase the above service time

Please INITIAL each of the following to indicate your agreement and/or understanding; otherwise this form will not be processed:

- _____ I understand that this transaction is subject to audit. If any misrepresentations are discovered as a result of this audit, my total credited service with the EORP will be adjusted as necessary. Any overpayments will be refunded. I further understand that if an error or misrepresentation is discovered after I retire any adjustments to my credited service will affect my retirement benefit. In addition, if payment for the purchase was made with pre-tax dollars and is returned to me, there will be tax consequences as a result of this refund.
- _____ I understand that an audit may determine that I am eligible for a benefit from the retirement plan listed above after I have already been allowed to purchase service from the EORP because I indicated that I was NOT eligible for a benefit. If this occurs, I will immediately take steps necessary to forfeit my benefit in the above retirement plan. I understand that if this forfeiture is not completed in a reasonable amount of time, any EORP service, which I have purchased, based on the employment listed above will be revoked and my money refunded, without interest.
- _____ I certify under penalty of perjury that I was employed by the above employer during the dates listed.

Furthermore, I hereby certify that the above information is true and correct to the best of my knowledge and request that the Board of Trustees calculate the amounts required to be paid in order to accomplish the requested redemption pursuant to A.R.S. Section 38-816.

Signature of Member _____ / / _____
Date _____

State of _____ County of _____
The foregoing was acknowledged before me on this _____
Day of _____, 20 _____

By _____
(Member's Name)

Notary Seal _____
Notary Public Signature _____ My Commission Expires _____ / _____ / _____

OUT OF STATE SERVICE AFFIDAVIT

(Employer/Retirement Plan Administrator)

The person named below is requesting that you verify the following information about his/her employment with your system in order to purchase time in the Arizona Elected Officials' Retirement Plan. Please verify the following information and answer the questions below:

A

_____		_____	_____
Member Name		Social Security Number	Date of Birth
_____		_____	_____
Former Employer or Retirement System Name		Position Held	Contact Person
_____		_____	() -
Member Address (Street)	(City)	(State)	(Zip)
		Telephone Number	
_____		_____	
Current Employer		Current Retirement System or Plan	
_____		/ /	
Member Signature		Date	

B Previous Employer: Please answer the following questions:

- Is/Was the person named above employed by you? Yes No
- If yes, please provide the employment dates: _____ / _____ / _____
Service Date From Service Date Through
- Is/Was the person named above compensated for their employment during the dates of service listed above? Yes No
- Is/Was the person named above an employee covered by your system's retirement plan? Yes No
(If, the answer to questions 1 and 3 are both, yes, please sign below and forward this form to your retirement system's administrator for completion. If you answered, no, to either question, please sign this form and send it directly to our office at the address listed above.)

I hereby certify that the above information is true and correct to the best of my knowledge.

_____		_____	_____
Authorized Signature of Previous Employer		Date	
_____		() -	_____
Title		Phone	Agency Name

C Retirement Plan Administrator: Arizona law does not allow credit in its retirement system for service time in another pension plan if such service entitles the individual to a current or future benefit in that plan. Please answer the following questions:

- Does this member still have member contributions in your retirement plan? Yes No
- Has this member forfeited any and all rights to a benefit(s) under your retirement system? Yes No

I hereby certify that the above information is true and correct to the best of my knowledge.

_____		_____	_____
Authorized Signature of Retirement Plan Administrator		Date	
_____		() -	_____
Title		Phone	Retirement System Name
