APPLICATION TO TRANSFER OR REDEEM SERVICE CREDITS BETWEEN ARIZONA RETIREMENT PLANS AND MUNICIPAL RETIREMENT SYSTEMS
(A.R.S. Sections §38-921, §38-922, §38-923, and §38-924)

Pursuant to A.R.S. Sections §38-921, §38-922, §38-923, and §38-924, I hereby make application for a calculation to transfer retirement service credits on account or refunded from another state or municipal retirement system or plan in this state to my current retirement system or plan in this state.

NOTE: Legislation governing service purchases and transfers may change. Members will be subject to legislation at the time a service purchase or transfer request is received. Should your request expire you will then be subject to legislation in place at the time of your latest request.

1) MEMBER INFORMATION (PLEASE PRINT)

MEMBER NAME (First / Middle / Last Name)	SOCIAL SECURITY NUMBER (SSN)	DATE OF BIRTH *(MM/DD/YYYY)*

ADDRESS: (Street / Apt#) — (City) — (State) — (Zip)

EMAIL:	TELEPHONE NUMBER

2) CURRENT EMPLOYER INFORMATION

CURRENT EMPLOYER

CURRENT RETIREMENT SYSTEM OR PLAN	CURRENT POSITION / CLASSIFICATION

3) FORMER EMPLOYER INFORMATION

FORMER EMPLOYER	MEMBERS' PREVIOUS POSITION/TITLE	FORMER RETIREMENT SYSTEM OR PLAN

FORMER EMPLOYER ADDRESS: (Street) — (City) — (State) — (Zip)

PRIOR SERVICE DATES *(MM/DD/YYYY FORMAT)* **FROM**: _____ **TO:** _____

Did you refund (withdraw) your member contributions from prior retirement system or plan? ☐ YES *(If yes, fill out section 4)* ☐ NO

4) To Redeem Service (Fill out if you selected "Yes" above)

- Indicate number of months you wish to have calculated: _____
- OR a dollar amount to purchase: $_____
- OR check box for all available time ☐

This form will be sent to your prior retirement system or plan to request an actuarial present value or to verify your previous credited service. We cannot send you an offer to purchase or transfer credited service until we receive this information.

Please Initial here → : _____ **THIS FORM IS AN APPLICATION FOR UNDERLINE QUOTE ONLY AND DOES NOT AUTOMATICALLY TRANFER MY TIME.**

5) SIGNATURE REQUIRED *(Please print and sign)*

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 transferred or paid to accomplish the requested transfer.

SIGNATURE	DATE *(MM/DD/YYYY)*