

OKLAHOMA TEACHERS' RETIREMENT SYSTEM
P.O BOX 53524 - OKLAHOMA CITY, OK 73152
 405-521-2387 OR TOLL FREE 1-877-738-6365
 www.ok.gov/trs

VERIFICATION OF OUT-OF-STATE SERVICE

The following information must be completed by the person requesting to purchase the out-of-state service. If more than three years are to be purchased (five years maximum), please complete another copy of this form. Then this information must be forwarded to the retirement system of the state in which the service was performed for verification. The information on this form will be deemed invalid unless the form is mailed directly to the Oklahoma Teachers' Retirement System by the out-of-state system. You may access the phone number and address of other state retirement systems by going to www.nctr.org.

| | | | |
|-------------|--------------------|-------------|---------------|
| Name | SSN# | Phone# | |
| Address | City | State | Zip |
| Year | School Name | City | County |
| - - - | _____ | _____ | _____ |
| - - - | _____ | _____ | _____ |
| - - - | _____ | _____ | _____ |

----- Bottom portion to be completed by the previous retirement system -----

PLEASE VERIFY THE ABOVE INFORMATION

| School Name | From | To | # Hours/Week | # Months/Year | Total Salary |
|-------------|-------|-------|--------------|---------------|--------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Was this person a member of your retirement system? Yes No

Is this person receiving, or entitle to receive a benefit from your state based on this service? Yes No

Does this person have credit in your system for employment in another state? Yes No
 State(s) _____ Year(s) _____

Have contributions been withdrawn? Yes No
 Date(s) of withdrawal _____ Total years withdrawn _____

 Name of Retirement System

 Address City State Zip

 Typed Name and Title Signature Date