



CERTIFICATION OF SERVICE TO BE PURCHASED

For Out of State Public Service

MEMBER INFORMATION					
Last Name	First Name, MI		Date of Birth		
Members' Mailing Address					
City	State	Zip	Daytime Phone Number		
Date of Service To From	Employing Agency At Time Service Was Rendered		Type of Service To Be Purchased		
<p>I authorize the information requested below to be released and forwarded directly to MPERA. I understand that in order to buy eligible service, I must be vested with MPERA. Any qualified service that I buy must have been forfeited under any other retirement system or plan. I authorize representatives of MPERA to verify the information submitted. I acknowledge that any false or misleading information submitted on this form or any attached forms may subject me to personal liability and that if fraud or error results in a mistaken service purchase or benefit calculation, MPERA will correct the error and may exercise its rights against me if damaged by false or misleading information I submitted.</p>					
REQUIRED MEMBER SIGNATURE					
Member's Signature			Date		
FORMER EMPLOYMENT INFORMATION					
TO BE COMPLETED BY FORMER EMPLOYER					
Type of Employment	Dates of Employment		Full-Time Salary Rate (monthly, hourly, or annually)*	Gross Annual Earnings for Calendar year	Part Time ONLY Total Annual Hours Worked
	From	To			
<p>* If the member's salary rate varied during one calendar year, use a separate line for each compensation rate.</p> <p>1. Was this public employment 2,080 hours per year? Yes _____ No _____ If "no," indicate the number of hours worked per year: _____.</p> <p>2. Did this employee receive credit for this service under any supplemental retirement or optional pension plan which was partially/wholly funded with public monies not including Federal Social Security? Yes _____ No _____ If "yes," please explain: _____</p>					
REQUIRED EMPLOYER SIGNATURE					
On the basis of official records, I (we) certify that the individual identified on this form was engaged in public employment, and that said individual received pay for this service as documented above.					
Prepared by (please print)			Date		
Agency/Employer	Mailing Address		City, State, Zip		
Signature			Telephone Number		

PLEASE FORWARD THE FORM TO THE APPROPRIATE RETIREMENT SYSTEM TO COMPLETE



RETIREMENT SYSTEM'S CERTIFICATION OF PUBLIC SERVICE
To Be Completed By Former Retirement System

The individual named on the front is a member of PERS and may desire to purchase service rendered with your retirement system. Montana law does not permit the purchase of service by members who are presently eligible or eligible in the future to receive benefits payable from another system except Social Security or a military allotment. Therefore, to assist us in establishing eligibility to purchase service rendered with your system, please provide us with the following information. Your assistance is greatly appreciated.

1. Did this individual participate in a defined contribution as an alternative to a retirement plan?
 Yes _____ No _____
 a. If yes, please indicate the type of plan (i.e. 401(k), 403(b), etc.) _____
 b. Has this individual withdrawn all contributions from the defined contribution plan?
 Yes _____ No _____
2. Was this individual a member of your retirement system? **If the answer is "no," please disregard questions 3-8, sign certification and return to MPERA.**
 Yes _____ No _____
3. Please indicate the type of retirement plan in which the individual participated:
 Contributory _____ Noncontributory _____ Other _____
4. If contributory, has this individual withdrawn contributions from your retirement system?
 Yes _____ No _____
 a. If yes, can these funds be repaid and the individual then be eligible for a benefit?
 Yes _____ No _____
 Under what conditions? _____
5. Is any of the service certified above still creditable in your system? Yes _____ No _____
 (If yes, please elaborate.) _____
6. At what point are members of your system considered vested? _____
7. Has this individual purchased service (i.e. military, out-of-state service, etc.) within your system? If yes, please elaborate: _____
8. Is this individual eligible to receive retirement, disability or survivor benefits from your system either now or in the future? Yes _____ No _____
9. Current status of individual's account with your system:
 Active Member _____ Inactive Member _____ Vested Member _____
 Refunded Member _____
 List the date of the refund and the number of years cancelled by the refund: _____
 Other _____

Comments _____

IF THE MEMBER RETURNS TO YOUR RETIREMENT SYSTEM AND APPLIES FOR A BENEFIT BASED ON THIS SERVICE, PLEASE NOTIFY MPERA.

I hereby certify that the above information provided on this form and in any attached forms is true, correct and complete to the best of my knowledge. I hereby authorize representatives of MPERA to verify any or all of the information submitted. I hereby acknowledge and agree that any false or misleading information submitted on this form or any attached forms may subject me to personal liability and MPERA may exercise its rights against me if damaged by false or misleading information submitted by me.

Prepared by (please print)		Retirement System		
Signature		Mailing Address		
Date	Telephone number	City	State	Zip

PLEASE RETURN COMPLETED FORM TO MPERA