



MoDOT & Patrol Employees' Retirement System
 PO Box 1930 • Jefferson City, MO 65102-1930
 Phone: (573) 298-6080 • (800) 270-1271
 Fax: (573) 522-6111 • Email: mpers@mpers.org
 Website: www.mpers.org

Transfer of Creditable Service

Member Instructions: Complete and sign Section 1. Then mail the completed form to MPERS.

| SECTION 1 - MEMBER INFORMATION (to be completed by the member) | | | |
|--|--|--|---|
| Name: (Please print – Last, First MI) | | Last Four Digits of Your Social Security Number: XXX – XX – | |
| Date of Employment: | Date of Birth: | If last name was previously different, enter previous name(s): | |
| MOSERS Prior Service: | | | |
| I request that the creditable state service listed below be transferred to MPERS. I understand that by transferring creditable service from MOSERS , I forfeit, waive and relinquish all accrued rights in that System. | | | |
| Date(s) of Employment: | | Name and Location of State Agency | |
| FROM | TO | | |
| | | | |
| | | | |
| | | | |
| MPERS Prior Service: | | | |
| I request that, if and when eligible, I receive credit for the following prior service with MoDOT or the Highway Patrol. | | | |
| Date(s) of Employment: | | Name and Location of State Agency | |
| FROM | TO | | |
| | | | |
| | | | |
| | | | |
| Other Prior Service: | | | |
| The following service is generally not eligible for transfer, but may be eligible for purchase, once you are a vested member of MPERS. | | | |
| Please check all of the following types of service that apply to you: | | | |
| <input type="checkbox"/> | Active Military | <input type="checkbox"/> | Public School Retirement System (PSRS) |
| <input type="checkbox"/> | Police/Sheriff Service (Uniformed Patrol members only) | <input type="checkbox"/> | County Employees Retirement Fund (CERF) |
| <input type="checkbox"/> | Political Subdivision | <input type="checkbox"/> | Prosecuting Attorney |
| <input type="checkbox"/> | Local Government Employees Retirement System (LAGERS) | | |

Employee Signature

Date

MOSERS Instructions: Complete Section 2 to verify the member's creditable service with your system. Attach salary information related to this service. Return the completed form to MPERS.

| SECTION 2 - VERIFICATION OF PRIOR SERVICE (to be completed by MOSERS) | | | |
|---|------------|-------------|-------------------|
| Name of Agency | Entry Date | Termination | Months-Days-Years |
| | | | |
| | | | |
| | | | |
| | | | |
| Purchased Military Service | | | |
| TOTAL | | | |

I certify that the information provided herein for the above named employee is true and complete to the best of my knowledge.

Signature of Authorized MOSERS Personnel

Date