

**City of Phoenix Employees'  
Retirement System (COPERS)**  
200 W. Washington, 10th Floor  
Phoenix, AZ 85003  
(602) 534-4400  
(602) 495-2008 fax



**PLEASE ATTACH  
\$95 APPLICATION FEE  
HERE, PAYABLE TO  
'COPERS'**

Effective 10/01/10

**REQUEST FOR PURCHASE OF ACTIVE DUTY MILITARY SERVICE FOR COPERS' RETIREMENT**

(MEMBER MUST RETURN THIS FORM TO COPERS)

**INSTRUCTIONS: COMPLETE THIS FORM FOR EACH BRANCH OF SERVICE.  
ATTACH DD214 SHOWING TYPE DISCHARGE.**

- I have previously applied for this service.       I have not previously applied for this service.

Employee Name:	
Other Names Used:	
Social Security Number:	
Branch of Service:	
Period of Service Start Date:	Termination Date:

**AFFIDAVIT**

I, \_\_\_\_\_ being first duly sworn, **upon my oath, and as inducement for COPERS to approve the above request**, certify the following:

1. I understand I will only be permitted to **purchase a maximum of 5 years of military service.**

I hereby authorize City Of Phoenix Employee's Retirement System (COPERS) to obtain any information concerning my employment, as listed above, in connection with my application for purchase of prior service credit.

STATE OF _____	Member Signature / Date _____
COUNTY _____	
Subscribed and sworn before me on this _____ day of _____, 20____.	Notary Public _____
Identification _____	Date my commission expires _____

**PLEASE RETURN THIS FORM TO COPERS**