

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

CERTIFICATION OF SERVICE

COMPLETE ONE FORM FOR EACH PRIOR PUBLIC EMPLOYER/RETIREMENT PLAN

SECTION ONE: EMPLOYEE INFORMATION (TO BE COMPLETED BY THE EMPLOYEE)

I am claiming service from: _____ to: _____
Hire Date (MM/DD/YYYY) Termination Date (MM/DD/YYYY)

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

Your Complete Name (including any previous names)

Name of Government/Agency where this period of service took place

Social Security Number

Date of Birth

Retirement System you belonged to during this period

Your Home Address

Retirement System Address

City State Zip

City State Zip

AFFIDAVIT

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

1. I have not received or will forfeit any benefits for the service credits which are the subject of this request.
2. I clearly understand if I was to receive any benefits on account of this service from any governmental agency (excluding Social Security), I and/or my designated survivor (as applicable) shall be liable to COPERS for any pension payments paid, which I/we would not have been eligible to receive had it not been for the purchase of service herein requested.

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 _____

COUNTY _____

Subscribed and sworn before me on this _____ day of _____, 20____,

Member Signature / Date

Notary Public

Identification

Date my commission expires

PLEASE RETURN THIS FORM TO COPERS

SECTION TWO: EMPLOYMENT INFORMATION (TO BE COMPLETED BY THE EMPLOYER/RETIREMENT SYSTEM)

| | Yes | No |
|--|--------------------------|--------------------------|
| 1. Was _____ ever a member of your retirement system? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the member still have member contributions in your retirement system? Balance \$_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the member forfeited any and all rights to pension benefits under your retirement system? (Date of refund of contributions ____/____/____) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If answer to question 3 is "No", is member able to forfeit any and all rights to pension benefits under your retirement system?(Please explain below) _____ _____ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is this individual eligible to receive retirement, disability, survivor, or other benefits from your system, either now or in the future? If the answer to question 5 is "Yes", please elaborate in the space below. Our retirement system does not allow a member to purchase service time unless the member has forfeited all rights to any benefits on account of the service subject of this request. _____ _____ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was the member covered by Social Security during employment? | <input type="checkbox"/> | <input type="checkbox"/> |

| YEARS OF SERVICE – Calendar or Fiscal Example: From 01/01/2005 To 12/31/2005 or From 07/01/2004 To 06/30/2004 | | SERVICE CREDIT (in Months or Years) |
|--|-----------------|--|
| From (MM/DD/YYYY) | To (MM/DD/YYYY) | |

CERTIFICATION BY EMPLOYER / RETIREMENT SYSTEM

I HEREBY CERTIFY THE INFORMATION HEREIN PROVIDED WAS TAKEN FROM OUR OFFICIAL RECORDS

| | | |
|------------------------|------------------------------|------|
| Signature | Title | Date |
| Please print your name | Name of Retirement System | |
| | Address of Retirement System | |
| | City / State / ZIP | |
| | Telephone Number (IMPORTANT) | |