



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. Upon completion, forward this form 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 Code _____
Year	School Name	City	County	Position
_____ - _____	_____	_____	_____	_____
_____ - _____	_____	_____	_____	_____
_____ - _____	_____	_____	_____	_____

----- 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 entitled 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Have contributions been withdrawn?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Date(s) of withdrawal _____ Total years withdrawn _____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 Code _____

Printed Name and Title _____ Signature _____ Date _____