

CERTIFICATION OF OUT-OF-STATE SERVICE

PUBLIC SCHOOL TEACHERS, SCHOOL ADMINISTRATIVE PERSONNEL AND SUPERINTENDENTS

New Hampshire Law permits members to purchase previous out-of-state service as creditable service in the New Hampshire Retirement System. Please refer to the NHRS *Prior Service Credit* brochure for specific information regarding purchase criteria.

INSTRUCTIONS AND GENERAL INFORMATION: To receive cost calculation to purchase out-of-state service as, complete part I only and forward to your former retirement system. To purchase out-of-state service you must be currently employed by a covered NHRS employer. If you have accumulated contributions in the other system; unless such funds are not on deposit in a Section 403(b) or 457 governmental deferred compensation plan, those funds must be removed from the other system before the NHRS will consider your purchase request. Out-of-State service may be purchased with:

- A trustee to trustee transfer from a Section 403(b) or 457 plan,
- Other post tax dollars, or
- A combination of a trustee to trustee transfer from a section 403(b) or 457 plan and other post tax dollars.

FORMER RETIREMENT SYSTEM INSTRUCTIONS:

Individual named in **Part I** has applied for out-of-state service credit with the New Hampshire Retirement System. Please verify eligible out-of-state service credit by completing **Part II** and returning this form to the New Hampshire Retirement System.

PART I - TO BE COMPLETED BY APPLICANT (Please print)

Name	SS#	Title
Signature	Date of birth	Phone (H) (W)
Mailing Address		
Previous Name(s)	Current Employer	
For the period that you are applying to purchase, provide name and address of employer		

PART II - TO BE COMPLETED BY FORMER RETIREMENT SYSTEM

According to the official records of the _____ Retirement System the above named applicant earned service credit while employed as a (check one) _____ Public school teacher or _____ other school related professional position: _____ (indicate position title)

In New Hampshire the purchase of previous out-of-state service credit is allowed only if the member is not eligible for any benefits in the out-of-state system for the same service credit.

1. State the total amount of service credit to the applicant's account in your system?..... _____ Yrs _____ Mo
2. Was any of the service credit a result of a purchase from another Public State or Federal Retirement Plan?..... Yes _____ No _____
If yes, please identify the plan..... _____
3. Is any of the service, which was credited, less than full time?..... Yes _____ No _____
If yes, indicate the amount of less-than-full-time service credit..... _____ Yrs _____ Mo
4. Indicate the last month and year that service was credited to applicant's account..... _____ / _____
Month Year
5. Has the applicant withdrawn employee accumulated contributions?..... Yes _____ No _____
If yes, state total amount of refund..... \$ _____
6. Has the applicant withdrawn employer accumulated contributions?..... Yes _____ No _____
If yes, state total amount of refund..... \$ _____
7. Can the applicant reinstate these contributions?..... Yes _____ No _____
8. Is the applicant entitled to any residual retirement benefits for the above service?..... Yes _____ No _____
9. Does any less-than-full-time service represent a 50/50 job sharing of one position?..... Yes _____ No _____
If yes, identify under comments, page 2.
10. Is any of the credit listed for employment other than public school employment?..... Yes _____ No _____
If yes, identify under comments, page 2.
11. Is any of the credited service in your plan a result of contributions to TIAA-CREF?..... Yes _____ No _____
If yes, identify under comments, page 2.
12. Please identify if applicant participated in a Section 403(b) _____ 457 _____ or other (identify plan) _____

CERTIFICATION TO BE COMPLETED BY FORMER RETIREMENT SYSTEM

I hereby certify that the information provided on pages 1 and 2 is accurate.

_____ Certifying Official's Name	_____ Certifying Official's Signature	_____ Title	_____ Date
_____ Address	_____ City	_____ State	_____ Zip Code () Phone Number

