

Please print clearly or type in black ink.

Section 1: Member Data

SSN _____ Date of Birth (mm/dd/yyyy) _____

First Name _____ MI _____ Last Name _____

Address _____

Address _____

City _____ State _____ ZIP _____

Section 2: VISTA Employment History

List service time in VISTA for which you are applying for credit. (List service by Calendar Year) Please attach verification from the employer for the service listed below.

Employer	Start Date of Service	End Date of Service	Number of Working Days (max 260)

- You cannot purchase service which is being credited towards retirement benefits in another system, except for military pension.
Are you collecting, or are you vested and eligible to collect retirement benefits based on the time indicated above?
Yes No
- If you answered yes to question 1, report the name of the other system to the right: _____

Section 4: Member's Statement and Signature

I, the undersigned, certify that the above information is true and correct. I understand that any member who knowingly makes a false statement regarding purchase credit shall not be entitled to a retirement allowance but only to a return of contributions.

Member Signature

Date of Signature (mm/dd/yyyy)

Return the completed form to the address below. Incomplete or inaccurate forms will not be processed.

Employees' Retirement System of Rhode Island

50 Service Avenue, 2nd Floor
Warwick, RI 02886-1021

Office: (401) 462-7600 | **Fax:** (401) 462-7691

Email: ersri@ersri.org | **Website:** www.ersri.org