

*Instructions: Please print or type in black ink. This form must first be authorized by the member and certified by current employer. The completed form must then be returned to the Employees' Retirement System of Rhode Island. Please attach verification from the past employer verifying the dates of service and position worked. Employer should also state if full time, if not full time, indicate % of time worked. Vocational Education teacher must currently be employed as a Vocational Education teacher by the State of Rhode Island or a city or town in the state of Rhode Island. Please attach a copy of a vocational certificate for the given position. Incomplete or inaccurate forms will not be processed.*

Please print clearly in black ink.

**Section 1: Member Information**

\_\_\_\_\_  
SSN Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
First Name MI Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

**Section 2: Member Authorization**

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)

**Section 3: Current Employer Certification**

\_\_\_\_\_  
Current Employer and Position Current Contractual Salary

I hereby certify the above salary information to be true and correct based upon our official records.

\_\_\_\_\_  
Signature of Personnel Official 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](mailto:ersri@ersri.org) | **Website:** [www.ersri.org](http://www.ersri.org)