



TEACHERS' RETIREMENT SYSTEM (TRS)

PLAN 3 APPLICATION FOR OUT-OF-STATE SERVICE AND PUBLIC EDUCATION EXPERIENCE

PO Box 48380 Olympia, WA 98504-8380 ♦ www.drs.wa.gov
 Toll Free: 1-800-547-6657 ♦ Olympia Area: 360-664-7000 ♦ TTY: 360-586-5450

SECTION 1: Member Information – To be completed by the member

Please read the instructions carefully, located on the back of this form, before completing.

Member Name			Social Security Number	
Mailing Address				
City	State	ZIP	Daytime Phone Number ()	Date of Birth

Complete the following (complete A if you wish to use Out-of-State service credit and/or B if you wish to purchase Public Education Experience service credit):

A. I wish to use _____ years _____ months of Out-of-State service credit to qualify for early retirement. (See pages 2 and 3.)

B. I wish to purchase _____ years _____ months of Public Education Experience service credit earned outside of TRS. (See pages 4 and 5.)

I am submitting forms from multiple retirement systems.

I authorize the retirement system listed in Section 2 to release information to the Washington State Department of Retirement Systems.

Member Signature	Date
------------------	------

SECTION 2: Verification of Service Credit – To be completed by the former public retirement system

Please read the instructions carefully, located on the back of this form, before completing.

Retirement System Name			
Mailing Address			
City	State	ZIP	Phone Number ()

1. Does this retirement system cover public school teachers? Yes No
2. Has the member named above earned teaching service credit in this retirement system? Yes No
3. How much service credit has been earned? _____ years _____ months
4. Is this member currently receiving a retirement benefit from this retirement system? Yes No
5. Is this member currently eligible to receive an unreduced benefit from this retirement system? Yes No

The information entered on this form is a true and accurate account of the above member's retirement system record.

Authorized Personnel Signature	Title	Date
Authorized Personnel Name (printed)		Phone Number ()



APPLICATION INSTRUCTIONS

INSTRUCTIONS

SECTION 1: Member Information

Please complete the form using black ink. Use your legal name and mailing address.

Mark the check box and complete a form for each out-of-state retirement system if you have service credit in more than one.

Once you've completed Section 1, mail the application to your former retirement system.

SECTION 2: Verification of Service Credit

Instructions to member: This section is completed by your former public retirement system.

Instructions to former retirement system:

Complete the form using black ink. Fill in the retirement system name and mailing address. Please answer **all** five questions. We require verification of whether or not your system covers public school teachers and of the service credit this person earned in your system.

Once you've answered all five questions, sign, date and print your name on the form where indicated in Section 2, and return the completed form to:

**Washington State
Department of Retirement Systems
PO Box 48380
Olympia, WA 98504-8380**

ADDITIONAL INFORMATION

A member of the Washington State Teachers' Retirement System (TRS) may apply service credit earned in an out-of-state retirement system that covers teachers in public schools, solely for the purpose of determining when the member may retire. A member may also purchase public education experience earned as a teacher, as defined by your retirement system, in a public school within the United States or with the U.S. federal government.

Department of Retirement Systems (DRS) requires that you provide your Social Security number for this form.

- DRS will use your Social Security number as a reference number and to ensure that any funds disbursed under your account are correctly reported to the IRS.
- DRS will not disclose your Social Security number unless required by law.
- Internal Revenue Code Sections 6041(a) and 6109 allow DRS to request your Social Security number.