

# Application for Purchase of Credit for Out-of-System Service

Public School Retirement System of the City of St. Louis  
One U.S. Bank Plaza, Suite 2510  
St. Louis, MO 63101-1657  
Voice: (314) 241-7763  
Fax: (314) 241-1806

**INSTRUCTIONS:** Print in ink or type all entries except signatures. Section I must be completed by the applicant. Section II must be completed by the employer for whom the service was rendered. Section III must be completed by the appropriate Retirement System.

## SECTION I - TO BE COMPLETED BY THE APPLICANT

LAST NAME FIRST NAME MI

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SOCIAL SECURITY NUMBER

STREET ADDRESS

DAYTIME TELEPHONE

CITY STATE ZIP

EVENING TELEPHONE

Names under which service was rendered, if different from above: \_\_\_\_\_

I hereby authorize the release of all information necessary to verify my out-of-system service for which I would like to purchase credit with the Public School Retirement System of the City of St. Louis.

APPLICANT'S SIGNATURE

DATE

## SECTION II - TO BE COMPLETED BY THE OUT-OF-SYSTEM EMPLOYER

Please list each school year separately.

SCHOOL YEAR	SCHOOL OR SCHOOL DISTRICT	STATE	ACTUAL SALARY EARNED	MONTHS OF CONTRACT	HOURS WORKED	HOURS IN FULL DAY	DAYS WORKED	DAYS PER SCHOOL YEAR

NAME OF CERTIFYING OFFICIAL

TITLE OF CERTIFYING OFFICIAL

SIGNATURE OF CERTIFYING OFFICIAL

DATE

STREET ADDRESS

TELEPHONE NUMBER

CITY STATE ZIP

FAX NUMBER

AFTER COMPLETING SECTION II, PLEASE FORWARD TO THE APPROPRIATE RETIREMENT SYSTEM FOR COMPLETION OF SECTION III ON THE REVERSE SIDE.

### SECTION III - TO BE COMPLETED BY THE OUT-OF-SYSTEM RETIREMENT SYSTEM

The person named on the front of this form wishes to establish credit with the Public School Retirement System of the City of St. Louis for out-of-system service. Missouri law does not permit credit for service if such service is used for credit in any other statutory, public employee retirement system except Social Security. To assist this person in establishing credit for out-of-system service, please complete this Section III and return the completed form to:

**Public School Retirement System of the City of St. Louis**  
**One Firststar Plaza, Suite 2510**  
**St. Louis, MO 63101-1657**

1. Is the applicant receiving or entitled to receive a benefit from your system now or in the future based on the service certified in Section II of this form?

☐

Yes

☐

No

2. Has the applicant withdrawn contributions for the service certified in Section II of this form?

☐

Yes

☐

No

If contributions were withdrawn, date of refund \_\_\_\_\_

If contributions were withdrawn, would the applicant have been entitled to a benefit other than a refund of contributions?

☐

Yes

☐

No

3. Does the applicant have credit in your system for employment in another state?

☐

Yes

☐

No

If yes, indicate state(s) and year(s) below.

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4. Is the service listed in Section II of this form an accurate reflection of your records?

☐

Yes

☐

No

5. If no, please provide service, years and earnings credited on record with your retirement system.

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NAME OF CERTIFYING OFFICIAL

TITLE OF CERTIFYING OFFICIAL

SIGNATURE OF CERTIFYING OFFICIAL

DATE

STREET ADDRESS

TELEPHONE NUMBER

CITY

STATE

ZIP

NAME OF RETIREMENT SYSTEM

**SWORN TO AND SUBSCRIBED TO BEFORE ME**, a Notary Public in and for the county of \_\_\_\_\_ and  
state of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

AFFIX  
SEAL  
HERE

NOTARY PUBLIC \_\_\_\_\_

COMMISSION EXPIRES \_\_\_\_\_