

ARKANSAS STATE HIGHWAY EMPLOYEES' RETIREMENT SYSTEM

REQUEST TO ESTABLISH RECIPROCAL SERVICE CREDIT

I, _____ SS # _____
(Please print name)

do hereby state that I have service in the following Reciprocal State Authorized Retirement Systems. I am therefore requesting that the Boards of Trustees of the named plans grant service toward qualifying for an annuity, exclusive of any minimum benefits, and payable upon my qualifying for age and service retirement in the named plans.

_____ ARKANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM (APERS)

_____ ARKANSAS TEACHERS RETIREMENT SYSTEM (ATRS)

_____ ARKANSAS HIGHWAY EMPLOYEES' RETIREMENT SYSTEM (ASHERS)

_____ ARKANSAS STATE POLICE RETIREMENT SYSTEM (ASPRS)

_____ ARKANSAS JUDICIAL RETIREMENT SYSTEM (AJRS)

_____ ARKANSAS LOCAL POLICE/FIRE RETIREMENT SYSTEM (LOPFI)

_____ ALTERNATE RETIREMENT PLAN as authorized by Act 857 of 1997: ___ TIAA-Cref ___ VALIC ___ OTHER

(Member Signature) (Date)

(Address)

CERTIFICATION OF RECIPROCAL SYSTEMS

1.) The above named is/was a member of _____ and has established service credit of _____ for the period of _____

(Retirement System Representative) (Date)

2.) The above named is/was a member of _____ and has established service credit of _____ for the period of _____

(Retirement System Representative) (Date)

For Alternate Plan Administrators: (Please complete item (a) or (b))

I hereby verify that funds: _____ (a) have been removed from the account

_____ (b) have NOT been removed from the account

Signature of Plan Official _____ DATE _____