

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 RETIREMET SYSTEM (APERS)

ARKANSAS TEACHERS RETIREMENT SYSTEM (ATRS)

ARKANSAS STATE 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 \_\_\_\_\_