



# Service Transfer Application under Section 104.1090, RSMo

Please print. • See next page for instructions.

## SECTION A - PERSONAL INFORMATION (MEMBER)

Social Security Number or Member ID \_\_\_\_\_ Estimated Retirement Date \_\_\_\_/01/\_\_\_\_

Name (last/first/middle) \_\_\_\_\_

Mailing Address (PO or street/city/state/zip) \_\_\_\_\_

Primary Phone _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Alternate Phone _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Alternate Phone _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
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Email Address \_\_\_\_\_

Name of Previous Retirement System \_\_\_\_\_

## SECTION B - APPLICANT SIGNATURE

My signature below certifies that I have read this entire *Service Transfer Application* and that I wish to transfer my service credit as indicated above. I authorize the transferring system to complete the following information. I also certify that I wish to forfeit my service credit and all rights to benefits in the transferring system. The transferring system will not transfer my pension obligation to MOSERS until immediately prior to my retirement unless I am already a member of the MSEP 2000 and have acquired 10 years of MOSERS service.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## SECTION C - VERIFICATION OF SERVICE - TO BE COMPLETED BY PREVIOUS RETIREMENT SYSTEM

Service Credit Start Date (month/day/year)	Service Credit End Date (month/day/year)	Credit Acquired (years/months)	Is this person vested in your retirement system?  <input type="checkbox"/> Yes <input type="checkbox"/> No

1. In what type of plan did the member participate?       Defined Benefit Plan       Defined Contribution Plan
2. What is the member's pension benefit obligation as of the verification date below? \_\_\_\_\_
3. What was your funded ratio as of your most recent actuarial valuation? \_\_\_\_\_
4. Member's account balance? \_\_\_\_\_
5. Member's taxed contributions, if any? \_\_\_\_\_
6. Is the member currently receiving a benefit from your system?       Yes       No

## SECTION D - RETIREMENT SYSTEM CERTIFICATION

I hereby certify that the service information listed above for the member is true and correct to the best of my knowledge.

Retirement System Name \_\_\_\_\_

Mailing Address (PO or street/city/state/zip) \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Printed Name of Certifying Official \_\_\_\_\_ Title \_\_\_\_\_

Signature of Certifying Official \_\_\_\_\_ Date \_\_\_\_\_

## Instructions for Completing

# Service Transfer Application under Section 104.1090, RSMo

The *Service Transfer Application* is to be completed by you and the previous retirement system from which you wish to transfer prior creditable service. This application must be signed by you and certified by an authorized representative for the retirement system, dated, and delivered to MOSERS. Steps for completing this form are outlined below.

1. Enter your personal information in Section A.
2. Read the following eligibility requirements:
  - You must meet one of the following employment statuses:
    - Have been an actively employed MSEP member on 7/1/2000 and elect to retire under the MSEP 2000
    - Be an actively employed MSEP 2000 member
  - Have been employed in a MOSERS' covered position for at least ten (10) years;
  - Be vested in the transferring retirement system; and
  - Forfeit your service credit and all rights to benefits in the transferring system.
3. Sign and date Section B.
4. Mail this application to your previous retirement system.
  - If you have vested service in more than one public retirement system (that you would like transferred to MOSERS), please complete a separate application for each system.
5. Verify that this member acquired and presently holds credit in your system by completing Section C.
6. Verify a certifying official's signature in Section D.
7. Return completed form to MOSERS.

**To receive service credit under this provision, the transferring retirement system must agree to transfer your pension benefit obligation/account balance to MOSERS pursuant to the provisions of Section 104.1090, RSMo.**

Vested service in the following retirement systems is eligible for transfer under this provision. For your convenience, we have included the mailing address and phone number for these systems. You are responsible for mailing your completed application to the appropriate system.

### **Community Fire Protection District**

8847 St. Charles Rock Rd.  
St. Louis MO 63114  
Phone: (314) 428-1128  
[www.co.st-louis.mo.us/fire\\_districts/commfpd.html](http://www.co.st-louis.mo.us/fire_districts/commfpd.html)

### **Employees Retirement System of the City of St. Louis**

1114 Market St. - Suite 900  
St. Louis, MO 63101  
Phone: (314) 622-3560

### **County Employees' Retirement Fund (CERF)**

2121 Schotthill Woods Dr.  
Jefferson City, MO 65101  
Phone: (573) 632-9203  
Toll Free: (877) 632-273  
[www.mocerf.org](http://www.mocerf.org)

### **University of Missouri Retirement, Disability, & Death Benefit Plan**

ATTN: Faculty & Staff Benefits  
Woodrail Centre 1000 W. Nifong, Bld 7 Ste 210  
Columbia, MO 65211  
Phone: (573) 882-9810  
Toll Free: (800) 488-5288  
[www.umsystem.edu/ums/departments/hr/benefits](http://www.umsystem.edu/ums/departments/hr/benefits)

### **St. Louis County Retirement Plan**

Administrative Annex, 5th Floor  
41 S. Central  
Clayton, MO 63105  
Phone: (314) 615-8112