## FRANKLIN REGIONAL RETIREMENT SYSTEM

101 MUNSON STREET, SUITE 108 GREENFIELD, MASSACHUSETTS 01301-3230 TELEPHONE: 413-774-4837 FAX: 413-774-5677

## REQUEST TO PURCHASE credit for Prior Non-membership service

## Please complete this form to purchase time.

Name:Address:City:State:		Birth or Former Name:  Last four digits of SSN;  Current employer:  Phone #:	#: XXX-XX		_
	SERVICE YOU W	ISH TO PURCHASE			
Unit where employed	Dates of Service	<u>Was this service refunded?</u> (circle one)			
	From	to	Yes	or	No
	From	to	Yes	or	No
	From	to	Yes	or	No
	_ From	to	Yes	or	No
	From	to	Yes	or	No
You must provide documentation		e in order for us to calculate s worked, salary information		nent	service credit.
Signature:		Date:			
Please note: Completion of this form of calculation of its cost. After we receive number of hours available to purchase these hours. Once the amount of the dispard must approve the calculation an letter with the calculation, payment opt payment is not completed within 5 years.	does not require you to purch this request, we will work wi , and the amount of the retire eductions is determined, inte d documentation before you ions, and any additional infor	ase any previous service credith you to gather the payroll recement deductions that would have trest from then until now will be can purchase this time. After limation. Interest will continue to	t. This form is or cords necessary t ave been taken a added to the pu Board approval, vo accrue until full	nly a i to det at the irchas we wi payn	request for a termine the time you worked se cost. The II send you a nent is received. If

is available by lump sum, payroll deduction, personal payment, or transfer from an IRA. Your payment schedule may be 1 to 5 years, but

must be paid before you retire.