



Montana Teachers' Retirement System

1500 East Sixth Avenue
P.O. Box 200139
Helena, MT 59620-0139
406-444-3134 866-600-4045
trs.mt.gov

TRS Office Use Only

FORM 110: TRANSFER SERVICE CREDIT FROM PERS TO TRS

In compliance with the Americans with Disabilities Act of 1992, alternative accessible formats of this document will be provided upon request.

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

MEMBER INFORMATION

Full Name: First Middle Last Suffix

Birth Date (mm/dd/yyyy)

Maiden or Other Name Previously Reported to TRS

X X X - X X - _____
Social Security Number

Mailing Address - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)

EMPLOYMENT INFORMATION

Employer's Name FROM TO
Dates of Employment (mm/yy)

Position Title (as listed in job description) Essential Duties and Responsibilities

Have you withdrawn your account from PERS? Yes No

Member's Previous Name(s) Used

ADDITIONAL EMPLOYMENT INFORMATION (IF APPLICABLE)

Employer's Name FROM TO
Dates of Employment (mm/yy)

Position Title (as listed in job description) Essential Duties and Responsibilities

Have you withdrawn your account from PERS? Yes No

Member's Previous Name(s) Used

Please accept this as a formal request for a transfer of service from the Montana Public Employees' Retirement System (PERS) to the Montana Teacher' Retirement System (TRS).

Member's Signature

Date