

**Request to Purchase
External Plan Retirement
Credit in TCRS**

Tennessee Consolidated Retirement System
502 Deaderick Street
Nashville, Tennessee 37243-0201
1-800-922-7772 ♦ RetireReadyTN.gov



Section 1 is to be completed by the TCRS member. Section 2 is to be completed by the former Tennessee local government employer or plan for whom the prior service was rendered.

SECTION 1. MEMBER INFORMATION

Member ID

Date of Birth

Full Name

Mailing Address

City

State

Zip Code

Email

Phone Number

Request to Purchase External Plan Retirement Credit in TCRS

To be completed by the member.

A TCRS member may purchase service credit in TCRS for all of the member's service previously rendered while a full-time employee and participating member of a Tennessee local government's defined benefit retirement plan. To purchase the service, the local government must not be a current or former participating TCRS employer. Further, the member must forfeit all of the member's service in the local government's plan, and not receive a benefit from the local government's retirement plan. A member may purchase the service by personal check, by rolling over or transferring the member's funds from a qualified defined contribution plan such as a 401(k) plan, 403(b) plan, 457(b) plan, or IRA. If the member made employee contributions to the local government's defined benefit plan, the member may also use those employee contributions to purchase the service.

The form needs to be filled out by the member and the former local government employer. Once TCRS receives this completed request, TCRS will calculate the amount it will cost the member to establish the service credit. TCRS will then send a letter to the member advising of the cost. Should the member wish to purchase the service credit after receiving the cost letter from TCRS, the member will be responsible for obtaining the funds necessary to purchase the credit. A final establishment letter will be sent to the member upon completion of the purchase.

By submitting this document and signing below, I am requesting an invoice of the amount it will cost me to establish the service credit.

Member's Signature

Date

SECTION 2. EXTERNAL PLAN INFORMATION

(To be completed by the former Tennessee local government.)

Plan Name: _____

Former Employer(s): _____

*** Note the plan must be a defined benefit plan and not a defined contribution plan ***

CERTIFICATION OF SERVICE: The information provided is correct to the best of my knowledge.

(To be completed by the former Tennessee local government employer or plan for whom the prior service was rendered.)

The former employer or plan is to complete the service information for the above-named individual. The service should only reflect the individual's service credit in the former employer's defined benefit plan while the individual was a full-time employee for the former employer.

Enter the service information of the applicant by fiscal year only (July 1 through June 30). Do not list more than one year of service on a single line. Complete columns A-D with the following information:

	(A) Actual Beginning and Ending Dates of Service Credit in the Defined Ben- efit Plan Within Each Fiscal Year	(B) Time Period Compensated During the Fiscal Year	(C) Number of Months Required to Work the Entire Fiscal Year	(D) Indicate if the service listed in column (B) was full time or part time
		Months Days		
Example	07/01/2021-06/30/2022	12 / 0	12	Full Time
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Former Employer Mailing Address

Date

Title

Authorized Signature of Director of HR or Plan Director

Printed Name

Phone Number

Email Address