



VERIFICATION OF TEACHING SERVICE CREDIT (222)

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE

TEACHERS' FUND FOR RETIREMENT DIVISION

SFN 19258 (6-2014)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. § 3402. The individual's social security number is used for tax reporting and as an identification number.

SIGNED BY MEMBER:

I am interested in purchasing additional service credit in the North Dakota Teachers' Fund for Retirement and need the remainder of this verification form completed.

Member Name			Social Security Number			
Mailing Address		City			State	ZIP Code
Date of Birth	Sex	Maiden Name				
Retirement System or Non-Public School					Years to Verify (if known)	
Address		City			State	ZIP Code
Member Signature				Date		

COMPLETED BY RETIREMENT SYSTEM OR NON-PUBLIC SCHOOL:

I certify that according to the official records available to me, the member named above was employed with the employers(s) listed below.

PLACE OF EMPLOYMENT	FROM			TO			SERVICE CREDIT
	Month	Day	Year	Month	Day	Year	

Was money paid into a retirement plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the member receiving or entitled to receive a benefit from your system based on this service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the member's funds been withdrawn? If yes, when were the funds withdrawn? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

RETURN TO:
 Retirement and Investment Office
 1930 Burnt Boat Drive
 PO Box 7100
 Bismarck ND 58507-7100
 Telephone: 701-328-9885
 Toll Free: 800-952-2970
 Fax: 701-328-9897
www.nd.gov/rio

Signature
Telephone Number
Date