New Hampshire Retirement System
80 Commercial Street, Concord, NH 03301
Phone: (603) 410-3500 - Fax: (603) 410-3501
Website: www.nhrs.org - Email: info@nhrs.org

APPLICATION TO DEVELOP A BASIC FUND RECORD FOR TERMINATED MEMBERS

SECTION A – TO BE COMPLETED BY MEMBER (Please print or type)		
Name:	Social Security Number:	
Mailing Address:		
City/Town:	State:	Zip Code:
Date of Birth:	Former Name (If Applicable):	
Phone Number:	Email:	

SECTION B – MEMBER'S SIGNATURE	
I certify under penalties of perjury that the information in Section A is correct and complete to the best of my knowledge and belief.	
Signature:	Date Signed:

SECTION C – ACKNOWLEDGMENT	
State of:	County of:
Signed and affirmed before me on this _____ day of _____ , _____ , by _____ *Name of Person Making Statement in Section B Above*	
Signature of Notary Officer:	
Title:	
Expiration Date:	Seal

SECTION D – TO BE COMPLETED BY NHRS
Date of first reported contribution:
Name of employer:

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