

New Hampshire Retirement System 54 Regional Drive, Concord, NH 03301 Phone: (603) 410-3500 - Fax: (603) 410-3501 Website: www.nhrs.org - Email: info@nhrs.org

VOLUNTARY ADDITIONAL CONTRIBUTIONS FORM

(To be used when a member is submitting "Additional Contributions")

This program is available only to members whose applications were filed with NHRS by December 31, 2004.

SECTION 1 – TO BE COMPLETED BY THE MEN	MBER (PLEASE PRINT)	
Member Name:		Last 4 of SSN #:
Mailing Address:		
Phone Number:	Employer:	
Member Plan: Employee	Teacher Police Fire	Amount Enclosed: \$
SECTION II – INSTRUCTIONS		
1. Make check payable to "New Har	mpshire Retirement System"	
2. Mail to: New Hampshire Retirem 54 Regional Drive Concord, NH 03301	nent System	
3. A copy of the receipt will be retur	ned to you for your records	
		Acct-01 Revised 8/2013
that is current, correct, and complete, NHRS does not m information herein is intended to provide general inform	nake any representation or warranty as to the conation only, and should not be construed as a	re subject to change. Even though the goal of NHRS is to provide information urrent applicability, accuracy, or completeness of any information provided. The legal opinion or as legal advice. Members are encouraged to address specific formation herein and the laws, rules, and regulations which govern NHRS, the
	For NHRS purpos	es only
	NHR New Hampshire Retirement S	stem
Volunta	ry Additional Contribution	s Receipt for Payment
Date Received:	Processed By:	Check Number:
Month Credited:	Date of Deposit:	
Member Name:		Amount: \$