



## Affidavit of Membership in Reciprocal System

Member Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Reciprocal System: \_\_\_\_\_

Entry Date with Reciprocal System: \_\_\_\_\_

Last Day Worked: \_\_\_\_\_

Last Day of Compensation: \_\_\_\_\_

Total Years of Service: \_\_\_\_\_

Funds On Deposit With Reciprocal System? [  ] Yes [  ] No

Retired? [  ] Yes [  ] No

### Disclaimer:

I hereby affirm that the statements I have made on this form are true and correct to the best of my knowledge and belief. I further understand that in reliance on these statements, OCERS will enroll me in the OCERS plan formula based on the information above; and that in the event that any of the above information is incorrect, my OCERS account will be corrected retroactively. This correction could include changes to plan formula, contribution basis age and rate, and could result in monies being owed by me to OCERS.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number