



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