State of West Virginia
Consolidated Public Retirement Board
Internet Form (Signature in Blue Ink Only)
4101 MacCorkle Avenue SE, Charleston, West Virginia 25304-1636
Telephone: 304-558-3570 or 800-654-4406 Fax: 304-558-1394

ENROLLMENT FORM
TEACHERS' DEFINED BENEFIT RETIREMENT SYSTEM (TRS)
(For employees who voluntarily elected to transfer from TDC to TRS pursuant to WV Code § 18-7D-1 et seq.)

PLEASE PRINT LEGIBLY

1. Name_____ **2. SSN**_____
Last First Middle

3. Mailing Address_____
Street/P.O. Box/ Route City/Town State Zip Code

4. Sex M F (Please Circle One) **5. Date of Birth** _____/_____/_____

6. Home Telephone _____ **7. Work Telephone**_____

8. Email Address_____

9. Name of Spouse _____ **10. Spouse Date of Birth** _____/_____/_____

11. Name of Your Employer _____

12. Employer Mailing Address _____
Street/P.O. Box/ Route City/Town State Zip Code

13. Are you currently retired under any of the State's retirement systems? ☐ **Yes** ☐ **No**
If "yes," which one? _____

Employee Signature_____**Date**_____

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