



**West Virginia  
Consolidated Public Retirement Board (CPRB)**

601 57th Street SE, Suite 5  
Charleston, WV 25304  
304-558-3570 or 800-654-4406  
[www.wvretirement.com](http://www.wvretirement.com)

**Teachers'  
Retirement System (TRS)**

**Application to Purchase  
Out of State Service for  
Full-Time Teaching Personnel**

**Section 1: Member Information - To be completed by the TRS member**

Full Name		SSN	CPRB ID	Telephone Number
Member Mailing Address		City	State	Zip Code
Email Address	Date of Birth	Former Employer Name		Date of Hire

Please list below the name of the Employer/School-County/District and dates:

Employer/School	Position Held	Date Employed

I wish to purchase service credit for eligible service outside the State of West Virginia. I hereby authorize the release of all pertinent personnel or retirement information to CPRB for this purpose.

Member Signature	Date
------------------	------

**Forward this form to your former employer for verification.**

**Section 2: Employer Verification - To be completed by the former employer**

Employer	Position	From Date	To Date	Contract Months	Days Worked

Please attach additional pages if necessary.

Completed By (please print)	Signature	Title
Telephone Number	Email Address	Date Completed
School/Employer Name	Address	

**Please forward this form to the retirement system for completion of Section 3.**

Member Name

CPRB ID

**Section 3: Retirement System Verification - To be completed by the Retirement System**

The person named on Page 1 is an active member of the State of West Virginia Teachers Defined Benefit Plan and wishes to establish credit for the service indicated on Page 1. Our law will not permit the purchase of public service if a benefit is allowable in another **public** retirement system as a result of such service. Please answer the questions below so we can determine the member's eligibility for retirement benefits in our system.

1. Is the service on Page 1 an accurate reflection of your records?

Yes

No

2. Did the member contribute on all service reflected in Section 2?

Yes

No

If yes, to which system did they contribute?

State Teachers

TIAA Cref

Other

If other, please explain: \_\_\_\_\_

3. Is the school supported by:

Federal Government State

Territory of US

Governmental Subdivision

Private

Other

If other, please explain: \_\_\_\_\_

4. Is the member receiving or entitled to receive a benefit from the retirement plan named above?

Yes

No

5. Has the member withdrawn all contributions from your system?

Yes

No

If yes, please list date of withdrawal: \_\_\_\_\_

Completed By (please print)

Signature

Title

Telephone Number

Email Address

Date Completed

Retirement System Name

Address

**Please return this completed form to CPRB at the address on the top of page 1.**