



TEACHERS' RETIREMENT SYSTEM OF OKLAHOMA

PO BOX 53524 OKLAHOMA CITY, OKLAHOMA 73152

LOCAL: (405) 521-2387 TOLL FREE: (877) 738-6365

PERSONAL DATA FORM 1A (ACTIVE or NON RETIRED)

All data contained on the Personal Data form must match the data submitted electronically by the employer via monthly contribution reports.

Please designate the reason for completing this form: New Member Name Change Return to Active Contributing
 Position Change District Transfer Address Change Other _____

1. **Social Security Number** **Name of School District or Institution** **County**

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2. **Legal Name** (All requests for change of name must include legal documentation [i.e. Marriage Certificate, Divorce Decree, etc.]

(Last Name)	(First Name)	(Middle Name)	(Maiden Name)

3. **Permanent Mailing Address** (Address must match address on monthly contribution reports)

(City)	(State)	(Zip Code)

GENDER (OPTIONAL)

Male

Female

MARITAL STATUS

Single

Married

4. **Date of Birth**

(Month)	(Day)	(Year)

Personal Email Address _____

5. **Date of Employment** _____ **Position you will hold** _____

Hours typically worked per week _____

Position's total number of days worked per Fiscal* year _____

* i.e. 260 days/year for most 12-month employees from July 1 – June 30.

<p>6. a. Have you ever been a member of the Teachers' Retirement System?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>b. Were you a member before starting this job?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>c. Have you withdrawn an account?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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7. If the answer to questions No. 6.c. is "yes," please complete the applicable columns listing most recent employment first.

(School District, College or Agency)	(County)	(Year)	(Under What Name)	(Approximate Withdrawal Date)

I hereby declare and affirm, under penalty of perjury, that to the best of my knowledge and belief, all statements and answers as written or printed herein are full, complete, and true whether or not written by my own hand.

Signature of Member _____ **Date** _____

I certify the above-named employee meets the requirements for membership in the Teachers' Retirement System.

Superintendent / Payroll Officer _____