

**Firefighters' Retirement Plan (FRP) of the City of St. Louis  
Qualified Governmental Plan Under IRc 401(a)**

**Request to Purchase of Creditable Service  
By Transfer/Direct Rollover**

**Section A- Member Information**

_____	_____	_____	_____
Last Name	First Name	MI	Social Security #
_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____	_____	_____
Home/Cell Phone Number	Work Phone Number	Department Code	

**Section B – Interest in Purchase/Transfer of Service**

- Purchasing Service**
- Transferring service from another Plan**

I would like an estimate to purchase \_\_\_\_\_ year(s) and \_\_\_\_\_ month(s) of creditable service.

- This is vested service I currently have with the following governmental plan:
  - Employee's Retirement System of the City of St. Louis
  - Other governmental plan (please list) \_\_\_\_\_

**Section D-Member's Acknowledgement and Signature**

I understand that this is simply a request to the Firefighters' Retirement Plan to estimate the value of my prior pension service to determine my cost to transfer/purchase service in the FRP. I understand the FRP's actuary will provide a statement of the cost. Upon reviewing the cost I will then be given the option to transfer service or not. A "Purchase of Creditable Service By Transfer/Direct Rollover application will then be filled out if I decide to proceed with this purchase of service. I understand only certain types of plans or accounts are eligible for transfer/rollover for the purpose of purchasing service credit and that it is solely my responsibility to ensure such eligibility. I further understand that no service credit will be added to my record until transfer/rollover payment is received by the Firefighters' Retirement Plan, and that once my record is adjusted, any money paid to purchase service credit is nonrefundable.

\_\_\_\_\_  
Member's Signature Date

**Section E Actuarial Information on Applicant (filled out by FRP)**

Sex: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Normal Retirement Date: \_\_\_\_\_  
Normal Retirement Age: **55**  
Creditable Service: \_\_\_\_\_  
Current Bi-weekly Salary: \_\_\_\_\_  
Current Status: **ACTIVE**  
Service to Purchase: \_\_\_\_\_  
Hours of Sick Leave for Service & Pay: \_\_\_\_\_  
Purchase Date: \_\_\_\_\_  
  
Estimated Cost to Purchase: \_\_\_\_\_