



APPLICATION FOR PURCHASE OF MILITARY SERVICE

MEMBER INFORMATION (PLEASE PRINT)													
Name	First	Middle	Last	Social Security Number				-			-		
Mailing Address			Street	Phone			Birth Date	Month	Day	Year	/	/	
City	State		Zip	E-mail Address									

PERIOD OF MILITARY SERVICE (PLEASE PRINT)					
I served in the US armed forces during the following period:	Month	Year	TO	Month	Year
	/			/	

Please attach any pertinent military discharge papers (DD 214) to verify your honorable discharge and period of service in the armed forces along with this application.

CERTIFICATION	
<p>I hereby make application to purchase up to four years of service credit under the Missouri Local Government Employees Retirement System under Section 70.640.7 of the Revised Statutes of Missouri. I certify that I have received an honorable discharge from the armed services of the United States and I am not receiving and not eligible to receive retirement credits or benefits from any other public or private retirement plan for service to be purchased. Should such service in the military result in a benefit from the United States military service retirement system, the same service may be purchased under this system.</p>	
Signature	Date
Signature of Witness	Date