



# 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.	<b>Social Security Number</b>	<b>Name of School District or Institution</b>	<b>County</b>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

2.	<b>Legal Name</b> (All requests for change of name must include legal documentation [i.e. Marriage Certificate, Divorce Decree, etc.]			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Last Name)	(First Name)	(Middle Name)	(Maiden Name)

3.	<b>Permanent Mailing Address</b> (Address must match address on monthly contribution reports)			
	<input type="text"/>			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(City)	(State)	(Zip Code)	

<b>GENDER (OPTIONAL)</b>
<input type="checkbox"/> Male
<input type="checkbox"/> Female
<b>MARITAL STATUS</b>
<input type="checkbox"/> Single
<input type="checkbox"/> Married

4.	<b>Date of Birth</b>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(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.

6. **a. Have you ever been a member of the Teachers' Retirement System?**

Yes  No

**b. Were you a member before starting this job?**

Yes  No

**c. Have you withdrawn an account?**

Yes  No

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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** \_\_\_\_\_