

## **PEACE CORPS CREDIT REQUEST FORM**

Please print clearly or type in black ink.							
Section 1: Membe	er Data						
SSN			Date of Birth (mm/dd/yyyy)				
First Name		MI	Last No	ıme			
Address							
Address							
City				State	ZIP		
Section 2: Peace (	ce Corps for which y	_	credit. (Li	st service by Calenda	ar Year).		
Attach a letter from the	e Peace Corps statin	g time served.					
Attach a letter from the	e Peace Corps statin	g time served.  Start Date of Se	ervice E	nd Date of Service	Number of Working Days (max 260)		
	e Peace Corps statin		ervice E	nd Date of Service	Number of Working Days (max 260)		
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## Section 4: Member's Statement and Signature

section 4. Member 3 statement and signature	
I, the undersigned, certify that the above information is true and correct. I understanded a false statement regarding purchase credit shall not be entitled to a retired of contributions.	5
Member Signature	Date of Signature (mm/dd/yyyy)

Return the completed form to the address below. Incomplete or inaccurate forms will not be processed.

## **Employees' Retirement System of Rhode Island**

50 Service Avenue, 2nd Floor Warwick, RI 02886-1021

**Office:** (401) 462-7600 | **Fax:** (401) 462-7691 **Email:** <u>ersri@ersri.org</u> | **Website:** <u>www.ersri.org</u>