



**PERSONAL DATA**

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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  Post Retirement Employment  Position Change  
 Dist. Transfer  Beneficiary Information  Address Change  Other If other, please specify

1. **Social Security Number** **Name of School District or Institution** **County**  
123-45-6789 Name of School District or Institution County

2. **Legal Name** (All requests for change of name must include legal documentation [i.e. Marriage Certificate, Divorce Decree, etc.])  
Doe John Quincy Doe  
(Last) (First Given Name) (Middle Given Name) (Maiden Name)

3. **Permanent Mailing Address** (Address must match address on monthly contribution reports)  
123 Main St. Apt. 1  
Anytown NY 12345 -  
(City) (State) (Zip Code)  
 Male  Female  
 Single  Married

4. **Date of Birth**  
01 01 0001  
(Month) (Day) (Year)  
Place of birth: Town, county, and state or country  
**Place of Birth** (Town) (County) (State or Country)

5. **Date of Employment** 01/01/0001 **Position you will hold** First Grade

**Hours typically worked per week** Hours **Position's total number of days worked per Fiscal\* year** Positi  
\* 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 Oklahoma 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**c. Have you withdrawn an account?**  Yes  No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) |
|--------------------------------------|----------|--------|--------------------|-------------------------------|
| 1. School District,                  | 1.       | 1.     | 1. Under What Name | 01/01/0001                    |
| 2. School District,                  | 2.       | 2.     | 2. Under What Name | 01/01/0001                    |

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** John Doe **Date** 01/01/0001

I certify the above-named employee meets the requirements for membership in the Oklahoma Teachers Retirement System.  
**Superintendent / Payroll Officer** John Doe

