

CITY OF	<p>Manchester Employees' Contributory Retirement System</p> <p>Request For Actuarial Computation For Out-of-Plan Service Purchase</p> <p>To be completed after Form EOOPS has been returned & accepted.</p>
MANCHESTER	
EMPLOYEES'	
CONTRIBUTORY	
RETIREMENT	
SYSTEM	

I hereby certify that I have completed and submitted Form EOOPS pursuant to Chapter 218:29 Laws of 1974 as amended, for the purpose of requesting a permissive service purchase for service credit earned and subsequently withdrawn from another qualified public retirement plan as defined in that Chapter.

I further certify that the Manchester Employees' Contributory Retirement System has notified me of the results of my submission of Form EOOPS to my former public retirement plan, that I am aware of the total amount of permissive service for which I am qualified, that the next step in the service purchase process is to obtain an actuarially determined cost of the service in question, and that said calculation must be performed by the Retirement System's actuary.

By submission of this form, I acknowledge that I am fully and solely responsible for the cost of service purchased pursuant to and limited by Chapter 218:29 I (e) and that the fee which I must prepay in order to determine the actuarial cost must be paid in advance and is non-refundable.

As of the date indicated below, the cost of the actuarial fee is based on a quotation provided by the Retirement System's actuary and has been made known to me to be one thousand dollars, (\$1,000). I am hereby attaching a check in that amount made payable to "Manchester Employees' Contributory Retirement System" in order to have my calculation performed by the actuary and I further understand that this step may take weeks to complete. Lastly, I understand that the resulting service purchase cost provided by this calculation must be exercised within sixty days of the receipt of the calculation results or the Retirement System may require that the cost be recalculated, again at my expense.

This Section to be completed by the Member/Applicant
Name of Member/Applicant:
Signature of Member/Applicant:
Date submitted:
This Section to be completed by MECRS staff.
Check drawn on:
Check Number:
Sent to GRS on:
Request handled by: