



MONTANA
 TEACHERS' RETIREMENT SYSTEM
 1500 E 6TH AVE
 PO BOX 200139
 HELENA MT 59620-0139
 www.trs.mt.gov
 406-444-3134
 1-866-600-4045

TRS Office Use Only

RECORD FOR MEMBERSHIP

TYPE OR PRINT LEGIBLY IN DARK INK.

IMPORTANT: This form is a legal document and serves as the basis for all membership privileges and responsibilities, providing the Teachers' Retirement System (TRS) with positive identification for the management of a member's account. The information on this form must be complete and accurate in every detail. The TRS will provide personal account information only to the member, unless a signed 'Release of Information' form is on file with the TRS. Visit the TRS website at www.trs.mt.gov to create a personal retirement account for 24/7 on-line access, download forms, and to update your home mailing address.
DO NOT complete this form if you are receiving a monthly benefit from the Montana TRS.

MEMBER INFORMATION (Note: Incomplete forms will be returned.)

First _____ Middle _____ Last _____ Suffix _____
 Printed Name

_____ - _____ - _____
 Maiden Name M/F Date of Birth Social Security Number

_____ - _____ - _____
 Mailing Address--Including City, State & Zip+4 Code (If unknown, use 5-digit Zip Code)

_____ - _____
 Home Phone (Area Code and Telephone Number) Cell Phone (Area Code and Telephone Number)

EMPLOYMENT HISTORY (Note: Information used for eligibility to purchase additional instructional related service.)

_____ - _____ - _____
 Montana teaching or educational services with a School District, University, or Institution From (Mo/Yr) To (Mo/Yr)

_____ - _____ - _____
 Montana teaching or educational services with a School District, University, or Institution From (Mo/Yr) To (Mo/Yr)

Have you withdrawn your account balance from the Montana TRS? Yes No

If 'YES', Date of withdrawal: _____ Last name at the time of withdrawal: _____

Were you employed in Montana by the State, a city, or a county other than as a teacher? Yes No

If 'YES', Location: _____ From (Mo/Yr) _____ To (Mo/Yr) _____

Were you previously employed in a public, state-supported, or private school as a teacher in another state? Yes No

If 'YES', please list the location, date, and retirement system where employed:

_____ - _____ - _____ - _____
 Location From (Mo/Yr) To (Mo/Yr) Retirement System

_____ - _____ - _____ - _____
 Location From (Mo/Yr) To (Mo/Yr) Retirement System

_____ - _____
 Member's Signature Date

EMPLOYER CERTIFICATION (Note: Incomplete forms will be returned.)

_____ - _____
 Name of School District, University, or Institution TRS Six Digit Employer Number

_____ - _____
 TRS Member's Position Title (As listed on the Job Description) Essential Duties and Responsibilities

_____ - _____
 Certifying Officer's Printed Name Title

_____ - _____
 Certifying Officer's Signature Date

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,
 ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST