



APPLICATION TO DEVELOP A BASIC FUND RECORD FOR TERMINATED MEMBERS

SECTION A – TO BE COMPLETED BY MEMBER (Please print or type)

Name:	Social Security Number:	
Mailing Address:		
City/Town:	State:	Zip Code:
Date of Birth:	Former Name (If Applicable):	
Phone Number:	Email:	

SECTION B – MEMBER’S SIGNATURE

I certify under penalties of perjury that the information in Section A is correct and complete to the best of my knowledge and belief.

Signature:	Date Signed:
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SECTION C – ACKNOWLEDGMENT

State of:	County of:
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Signed and affirmed before me on this _____ day of _____, _____,
 by _____
Name of Person Making Statement in Section B Above

Signature of Notary Officer:

Title:

Expiration Date:	Seal

SECTION D – TO BE COMPLETED BY NHRS

Date of first reported contribution:

Name of employer:

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