



**VERIFICATION OF TEACHING SERVICE CREDIT (222)**

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE  
 TEACHERS' FUND FOR RETIREMENT DIVISION  
 SFN 19258 (2-2022)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. § 3402. The individual's social security number is used for tax reporting and as an identification number. Penalty for not including the social security number may cause the form to not be processed.

**SIGNED BY MEMBER:**

I am interested in purchasing additional service credit in the North Dakota Teachers' Fund for Retirement and need the remainder of this verification form completed.

Member Name		Social Security Number			
Primary Mailing Address		City		State	ZIP Code (9-digit)
Date of Birth	Sex	Maiden Name			
Retirement System or Non-Public School				Years to Verify (if known)	
Address		City		State	ZIP Code (9-digit)
Member Signature				Date	

**COMPLETED BY RETIREMENT SYSTEM OR NON-PUBLIC SCHOOL:**

I certify that according to the official records available to me, the member named above was employed with the employers(s) listed below.

PLACE OF EMPLOYMENT	FROM			TO			SERVICE CREDIT
	Month	Day	Year	Month	Day	Year	

Was money paid into a retirement plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the member receiving or entitled to receive a benefit from your system based on this service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the member's funds been withdrawn? If yes, when were the funds withdrawn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**RETURN TO:**

ND Retirement and Investment Office  
 PO Box 7100  
 Bismarck ND 58507-7100

Telephone: 701-328-9885  
 Toll free: 800-952-2970  
 Fax: 701-328-9897  
 Email: rio@nd.gov

Retirement System Official Signature
Telephone Number
Date