

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND  
 50 Service Avenue  
 Warwick, RI 02886  
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 Email: [ersri@ersri.org](mailto:ersri@ersri.org) Web Site: [www.ersri.org](http://www.ersri.org)

## REFUND BUYBACK REQUEST FORM

**Instructions: Please print or type in black ink. Incomplete or inaccurate forms will not be processed.**

### EMPLOYEE DATA

SOCIAL SECURITY NUMBER		DATE OF BIRTH (mm/dd/ccyy)	
NAME	FIRST	MI	LAST
NAME AT THE TIME OF REFUND (if different than current)		FIRST	LAST
ADDRESS			
ADDRESS			
ADDRESS			
CITY	STATE	ZIP	

### CURRENT EMPLOYER

AGENCY	TELEPHONE NUMBER	FAX NUMBER
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### REFUNDS INFORMATION (SKIP THIS SECTION IF BLANK)

**Up to five oldest refunds are listed below. Check off the refunds in the 'Buy' column if you want to buy that refund.**

Buy (Check Below)	Refund Date	Refund Amount	Start Date	End Date

### UNLISTED REFUND TYPE

**If you are requesting a purchase of refund that is not listed in the section above, please indicate the type of employment from which you withdrew.**

STATE ► <input type="checkbox"/>	TEACHER ► <input type="checkbox"/>	MUNICIPAL ► <input type="checkbox"/>
If more than 1 withdrawal, please check <input type="checkbox"/>	If more than 1 withdrawal, please check <input type="checkbox"/>	If more than 1 withdrawal, please check <input type="checkbox"/>

### EMPLOYEE SIGNATURE

SIGNATURE	DATE OF SIGNATURE (mm/dd/ccyy)
PRINT NAME	