

**TEACHERS' RETIREMENT SYSTEM
MILITARY SERVICE CERTIFICATION
AND AFFIDAVIT – QDRO**

The Teachers' Retirement System (TRS) member who served in active military service shall complete this form, have it notarized and return the notarized form to TRS.

TRS Member Name: _____
TRS Member Number: _____ Social Security Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____

Military Service:

a. Please send a copy of your discharge papers and provide the dates below:
Period(s) of active military service

From (MM/DD/YY) _____ To (MM/DD/YY) _____

b. Check the response which best describes your situation:

- _____ I am not receiving, nor eligible to receive, any federal retirement benefit based on my active military service other than Social Security benefits, disability benefits, or non-regular (reserve) military retired pay under Title 10, US Code, Sec. 1331 to 1337.
- _____ I am eligible to, but I hereby certify that I will not, use my active military service for any federal retirement benefit other than Social Security benefits, disability benefits, or non-regular (reserve) military retired pay under Title 10, US Code, Sec. 1331 to 1337.
- _____ I am receiving or will receive a federal retirement benefit based on my active military service other than Social Security benefits, disability benefits, or non-regular (reserve) military retired pay under Title 10, US Code, Sec. 1331 to 1337. (Enter name and address of federal retirement system below.)

Name of Federal Retirement System Address

I hereby certify that, to the best of my knowledge and belief, the above information is true and accurate.

Date Signature Telephone Number

Subscribed and sworn to before me this ____ day of _____ 20__.
Notary Public: _____ County of _____
Commonwealth of Kentucky
My Commission Expires: _____

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Kentucky law requires the member to complete this form and submit it to Teachers' Retirement System (TRS) when a member has served in active military service and a portion of the member's account is awarded to an alternate payee via a Qualified Domestic Relations Order (QDRO).

MEMBER: Enter the following information in the spaces provided on the Military Service Certification and Affidavit – QDRO form:

Name
TRS Member Number
Social Security Number
Current Address
Date of Birth

Check the response which best describes your military service. **You must complete parts a and b and submit a copy of your discharge papers with the affidavit.**

TRS **must** receive military service documents that include your date of entry into active service (not just your enlistment date), your discharge date, and the type of discharge (honorable, dishonorable, etc.). Discharge papers, such as DD214, DDForm 256CG, WDAGO 53-55, or equivalent, are generally acceptable.

Your County Veterans Officer may be able to assist you if you cannot locate your discharge papers or you can contact:

Kentucky Department of Veterans Affairs
1111B Louisville Road
Frankfort, KY 40601
Telephone: 502-564-9203
Toll Free: 800-572-6245

Sign the form in the presence of a notary public.

If the form is not properly completed, the form shall be returned to the member for correction. This could result in delays in processing of benefits for the member and the alternate payee.