



The Commonwealth of Massachusetts
Office of the State Treasurer
State Board of Retirement

Deborah B. Goldberg
Treasurer and Receiver General
Chair

Boston, Massachusetts 02108-4747

Nicola Favorito, Esq.
Executive Director

**State Board of Retirement
TRANSFER NOTICE**

(To be completed by payroll/personnel department at all employing agencies)

This is to notify that **Print Full Name** _____ was

Employed by **State Agency / Dept** _____.

The member's **Start date** was _____.

His/her **Membership date** was _____.

The member's **Social Security Number** is _____.

The **last two MONTHLY** retirement deductions were:

Month/Year _____ Amount (\$) _____

Month/Year _____ Amount (\$) _____

The member's last **day worked** _____.

If employee was **less than full time** list dates/ratio of time below:

List dates of all **leaves of absence** below:

***IMPORTANT**

****Is Workman's Compensation being paid/pending on this employee?**

(YES / NO) _____

****If member was on Workman's Compensation, was there a lump sum settlement?**

(YES / NO) _____

Payroll/Personnel Administrator (Please Print) _____ **Tel #** _____

Authorized Signature _____ **Date** _____

For Retirement Board purposes only

Member is transferring to: