



**ARIZONA STATE RETIREMENT SYSTEM (ASRS)**  
**AFFIDAVIT OF MILITARY SERVICE INSTRUCTIONS**

Phoenix (602) 240-2000  
Tucson (520) 239-3100  
Toll-Free (800) 621-3778  
Fax (602) 240-2096  
[www.azasrs.gov](http://www.azasrs.gov)

Return the completed affidavit, a copy of your official military service record (i.e. DD214 or the Point History Statement) and evidence of an honorable discharge to the ASRS within 90 calendar days of submitting your purchase request. The ASRS will mail you a cost invoice within approximately 15 business days of receiving a properly completed affidavit and all required documentation.

**Restrictions**

- Members with an ASRS membership date on or after July 1, 2010, are required to have at least 5 years ASRS of credited service before initiating a Service Purchase request, except for previously forfeited service.
- Members with an ASRS membership date prior to July 20, 2011, may purchase any and all eligible service. Members with a membership date on or after July 20, 2011, are limited by state statute to 5 years of eligible service.
- Ready Reserves time when you did not participate in meetings or drills is not eligible for purchase.
- If you are receiving or are eligible to receive a Regular Active Duty Retirement based on continuous active duty throughout your career, you cannot purchase your active duty military service.
- If you are receiving or are eligible to receive a Non-regular Reserve/Guard Retirement that takes into account both active duty and time served in the Reserve/National Guard you can purchase the time you attended meetings and/or drills but cannot purchase the active duty military service.

**Please note:** Military personnel are considered eligible to receive a retirement once they have attained 20 or more years of active/reserve duty.

- The service listed on the affidavit must be supported by the official military record submitted.
- Only service from which you were honorably separated may be purchased. Evidence of the honorable discharge must be submitted.
- Service that overlaps with previously earned or purchased time may not be purchased.
- Do not list Military Call-up service on this affidavit. To receive credit for your Military Call-up service contact your employer, provide them with a copy of your DD214 and request they complete the ASRS *Military Call-up* form.

**Filling Out The Affidavit**

**SECTION 1 – Member Information**

- Fill in your personal information.
- Enter the branch of military in which you served.
- Select each applicable type of military service (multiple types may be listed on one affidavit).

**SECTION 2 – Dates of Military Service**

- List service by ASRS fiscal years (July 1 – June 30). Use a 20xx-xx format (ex: 2001-02).
- List each fiscal year on a separate line.
- Place an “x” or “√” for each month worked. You must have worked at least one day or attended at least one drill or assembly in each month.
- If you are unable to verify your military service, contact your local Veteran’s Administration office to obtain information on how to request an official military service record such as a DD214 or a Point History Statement.

**SECTION 3 – Verification of Honorable Discharge and Service**

- Attach evidence of an honorable discharge to the affidavit then place an “x” or “√” by statement A.
- Attach an official military service record to the affidavit then place an “x” or “√” by statement B.

**SECTION 4 – Verification of Retirement Benefits**

- If you did NOT retire or are NOT eligible for a military retirement for the time period listed in Section 2, then check the box beside statement A and proceed to Section 5.
- If you did retire or are eligible for a military retirement, check the box beside statement B and initial the one proceeding statement that applies to you.

**SECTION 5 – Statements of Understanding, Signature, and Notary**

- Carefully read each statement of understanding. Your signature certifies that you have read and understand all of the statements.
- The affidavit must be signed and notarized.

**Contact Us**

Should you need further information, please visit our public website at [www.azasrs.gov](http://www.azasrs.gov), log in to your secure myASRS account at [secure.azasrs.gov](http://secure.azasrs.gov) to send a secure email or call us at one of the phone numbers shown above.



**ARIZONA STATE RETIREMENT SYSTEM (ASRS)**  
**AFFIDAVIT OF MILITARY SERVICE**

COMPLETE AND SEND  
 TO: ASRS - Member Services  
 PO Box 33910  
 Phoenix, AZ 85067-3910

Phoenix (602) 240-2000  
 Tucson (520) 239-3100  
 Toll-free (800) 621-3778  
 Fax (602) 240-2096  
 www.azasrs.gov

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account to inform the Internal Revenue Service of distributions and withholdings with respect to the individual's account.

SECTION 1 – Member Information				
Social Security Number	Name (Last)	(First)	(Middle Initial)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Current Mailing Address			Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
City	State	ZIP	Date of Birth (MM/DD/YYYY)	
Personal Email Address	Primary Phone ( )	Secondary Phone ( )	Mobile Phone ( )	
Branch of the Military		Type of Military Service (Select all that apply.) <input type="checkbox"/> Active Duty <input type="checkbox"/> Active Reserve Duty (includes National Guard)		

SECTION 2 – Dates of Military Service (List each fiscal year on a separate line.)												
Fiscal Year (use 19xx-xx format)	Check each month served.											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
ex: 2001-02			X	X	X	X						
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*For additional fiscal years you must complete a new affidavit in its entirety.*

SECTION 3 – Verification of Honorable Discharge and Service
I have attached <b>both</b> of the following documents with this affidavit:
A. <input type="checkbox"/> Proof of honorable discharge for each type of military service listed on this affidavit (certification of retirement is acceptable for proof of honorable discharge).
<b>AND</b>
B. <input type="checkbox"/> Official military service record that supports all service listed on this affidavit (i.e. DD214 or the Point History Statement).

**ARIZONA STATE RETIREMENT SYSTEM (ASRS)**

**AFFIDAVIT OF MILITARY SERVICE**

Social Security Number	Member Name (Last)	(First)	(Middle Initial)
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**SECTION 4 – Verification of Retirement Benefits from Prior Military Service**

Check either A or B

- A.  I am not receiving nor am I eligible for a military retirement for the time period(s) listed.  
 OR  
 B.  I am receiving or I am eligible for a military retirement for the time period(s) listed.

If you checked B, complete and initial only the statement below that applies to you.

\_\_\_\_\_ I am receiving or am eligible for a Regular Active Duty Retirement.  
 Initials

\_\_\_\_\_ I am receiving or am eligible for a Non-regular Reserve/Guard Retirement.  
 Initials

\_\_\_\_\_ I am receiving or am eligible for a Medical Retirement.  
 Initials

**SECTION 5 – Statements of Understanding, Signature, and Notary**

**Statements of Understanding**

By my signature below, I certify that I have read and understand the following:

- Any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan is guilty of a class 6 felony per Arizona Revised Statutes § 38-793.
- This transaction is subject to audit. If any errors or misrepresentations are discovered as a result of an audit, my total credited service with the ASRS will be adjusted as necessary, and if I am retired, my retirement benefit will also be adjusted.
- The service listed on this affidavit does **not** include time that I either volunteered or was ordered into active military service as part of a Military Call-up which requires a *Military Call-up* form to be completed by my employer.
- Time I have listed on this affidavit for Reserve or National Guard time reflects the months that I attended one drill or assembly for each month listed.

**Signature and Notary**

Member Signature	Date
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State of \_\_\_\_\_ )

\_\_\_\_\_ )

County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared

\_\_\_\_\_ (name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document.

(seal)

\_\_\_\_\_  
 Notary Public