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LARGER ANNUITY INITIATION OR CHANGE OF CONTRIBUTION AMOUNT - ALL MEMBERS

(Print) Last Name First Name Middle Name
Street Address City State Zip Code
Last four digits of Social Security Number Email Date of Birth Daytime Phone Number

Contribution Options:

- 1. Lump-sum contribution \$ (The maximum annual post-tax contribution is limited by the Internal Revenue Code.)
2. Biweekly contribution* from pay check (after-tax only) \$ *(The minimum biweekly contribution is \$5 per pay period.)
3. Trustee-to-trustee transfer/rollover from other qualified retirement fund (please initial) (For a trustee-to-trustee transfer/rollover, this form only serves as notification to LACERS that you intend to initiate such a transfer. Please contact the retirement plan from which the funds will be coming to determine their procedure for making the transfer/rollover to LACERS.) Roth IRA rollovers are not permitted.

Name of Retirement Fund

Investment Options: (Please initial One)

Interest credited monthly is the same as that credited to regular member contributions and is based on the Five-year Treasury note.

Investment return on account based on the net-of-fees return of the publicly-traded portion of LACERS investment portfolio. The rate of return may be positive or negative.

I understand that the Larger Annuity Program (LAP) is established as an actuarially cost neutral program. As such, it is within LACERS' sole discretion to reject any initiation of accounts where undue administrative expenses are incurred such as utilizing the LAP as a pass-through for a purpose other than to convert the value of your LAP account into a monthly annuity at the time of retirement.

I understand that interest/investment return will be credited to my account only after the funds are on deposit for a full calendar month.

I understand that requests for changes to my Larger Annuity contribution must be made in writing to LACERS.

I understand that only one refund of Larger Annuity contributions and accumulated interest is permitted during the term of my membership.

I understand that a refund may take up to four full calendar months, the time it takes for my contributions to be fully valued and liquidated.

Member's Signature Date

For LACERS Use Only

Verified by _____ Date _____

ADA NOTICE

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations to ensure equal access to its programs, services and activities.