

Securing Your Tomorrows

LARGER ANNUITY PROGRAM APPLICATION - ALL MEMBERS TO PURCHASE LARGER ANNUITY

| | | |
|------------------------|-------------------|-------------------|
| (Print) Last Name | First Name | Middle Name |
| Social Security Number | Work Phone Number | Home Phone Number |

I hereby elect to purchase an annuity from LACERS pursuant to the following:

Source of Funds:

1. Post-Tax Lump Sum Payment or Existing Larger Annuity Account with LACERS (please initial):
 Entire amount on account as of my retirement effective date - Estimated amount \$ _____
 Specific dollar amount – Please specify \$ _____

• For funds already on account with LACERS, I understand that I will not receive interest/investment return for the month that includes my retirement effective date.

2. Pre-Tax Account - Deferred Compensation or other Pre-Tax Retirement Funds (please initial):
 Entire amount in my account as of the date of transfer to LACERS - Estimated amount \$ _____
 Specific dollar amount – Please specify \$ _____

• For funds yet to be transferred from deferred compensation, I understand that LACERS will determine the exact amount of my monthly payments upon receipt of my funds and that I will begin receiving a monthly check the month after LACERS receives my funds. I understand that it is my responsibility to ensure the transfer of my deferred compensation funds to LACERS.

Annuity Options (please initial):

Cash Refund. After my death and the death of my joint annuitant (if applicable), any unused contributions will be refunded to my designated beneficiary.
 Life Annuity. After my death and the death of my joint annuitant (if applicable), any unused contributions will not be refunded.

Continuance to Joint Annuitant (please initial):

Restrictions apply to any non-spousal Continuance of more than 50%, including Domestic Partnerships and same-sex marriages, due to Internal Revenue Code provisions.

100% 75% 60% 50% Other % 0% (no continuance)

Joint Annuitant Information:
 Name: _____ Date of Birth: _____
 Social Security Number: _____ Relationship: _____

I acknowledge the following:

1. My application must be received by LACERS prior to my retirement effective date.
2. My joint annuitant will receive a continuance of my annuity as designated above even if I predecease him/her and regardless of my marital/domestic partnership status at that time.
3. All funds (with the exception of Deferred Compensation) must be on deposit with LACERS prior to my retirement effective date.
4. Deferred Compensation funds will not be set-up until the month following the date of receipt.

Signature _____ 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.