

RETIREMENT OPTION SELECTIONS MARRIED OR DOMESTIC PARTNERSHIPS - TIER 1

If you have been married/or in a LACERS or State Registered Domestic Partnership for less than one-year prior to your retirement effective date, please complete the Retirement Option Selections for Ineligible Spouse/Domestic Partner form. **Do not complete this form.**

PERSONAL INFORMATION (PLEASE PRINT)		
(Print) Last Name	First	Middle
Social Security Number	Retirement Effective Date	

Step 1 - RETIREMENT ALLOWANCE OPTIONS (Please initial your selection.)

CASH REFUND - After my death and/or the death of my eligible Surviving Spouse/Domestic Partner, I elect to have any unused contributions refunded to my designated beneficiary.

LIFE ANNUITY - After my death and/or the death of my Surviving Spouse/Domestic Partner, I understand all unused contributions will be forfeited to LACERS. As a result of choosing the Life Annuity option, I also understand I will receive an increased retirement allowance.

NOTE: EITHER SELECTION ENSURES A LIFETIME RETIREMENT ALLOWANCE

Step 2 - CONTINUANCE TO AN ELIGIBLE SPOUSE/DOMESTIC PARTNER (Please initial your selection.)

If you have been married/or in a LACERS or State Registered Domestic Partnership for at least one-year prior to your retirement date, a 50% Continuance is required. You may elect to leave a larger percentage, but you will have a lifetime reduction applied to your monthly benefit in order to provide for the increased percentage.

Name of Spouse or Domestic Partner

Relationship

100%

75%

60%

50%

Other %

Acknowledge the following:

1. No adjustment will be made to your allowance even if your Continuance Beneficiary predeceases you.
2. All options become irrevocable upon your Retirement Effective Date.
3. Continuances are not transferable. If you later marry or enter into a Domestic Partnership, your new Spouse/Domestic Partner will not receive a Continuance Benefit.
4. In order for your Spouse or Domestic Partner to receive the Continuance benefit, you must be married or domestic partners at the time of your death.

Member's 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.