

## DIRECT DEPOSIT CANCELLATION FORM

This form must be received by LACERS by the 12<sup>th</sup> of the month for your request to take effect in the same month. If the form is received after the 12<sup>th</sup>, it will take effect the following month.

Social Security Number	(Print) Last Name	First	M.I.

Please cancel the direct deposit of my retirement allowance and mail future checks to my address below.

**Do not close your account until your cancellation has been processed.**

This cancellation form applies to all the following benefit types (check all that apply):

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Service Retirement       | <input type="checkbox"/> Disability Retirement | <input type="checkbox"/> Eligible Survivor         | <input type="checkbox"/> Excess Benefit |
| <input type="checkbox"/> Domestic Relations Order | <input type="checkbox"/> Larger Annuity        | <input type="checkbox"/> Family Death Benefit Plan |   |

Authorization	
Address	
Email Address	Phone Number
Your address will be updated if the address provided is different from LACERS records.	
Authorized Signature _____	Date _____
<b>Wet signature required.</b> <b>Electronic signatures are not accepted.</b>	

**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.