

## CERTIFICATION OF SERVICE WITH THE PENSION SAVINGS PLAN

**SECTION ONE: (To be completed by member)**

(Print) Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Social Security Number	/ / Date of Birth	( ) Work Phone Number	

I am claiming eligibility to purchase service credit for previous City service for the following periods:

<u>Dates</u>	<u>Department</u>
From <u>    </u> / <u>    </u> / <u>    </u> Month Date Year	To <u>    </u> / <u>    </u> / <u>    </u> Month Date Year
From <u>    </u> / <u>    </u> / <u>    </u> Month Date Year	To <u>    </u> / <u>    </u> / <u>    </u> Month Date Year
From <u>    </u> / <u>    </u> / <u>    </u> Month Date Year	To <u>    </u> / <u>    </u> / <u>    </u> Month Date Year
From <u>    </u> / <u>    </u> / <u>    </u> Month Date Year	To <u>    </u> / <u>    </u> / <u>    </u> Month Date Year
From <u>    </u> / <u>    </u> / <u>    </u> Month Date Year	To <u>    </u> / <u>    </u> / <u>    </u> Month Date Year

I hereby authorize the Los Angeles City Employees' Retirement System to obtain any information concerning my employment with the City that may be required in connection with my application to purchase service credit for previous City service.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION TWO: (To be completed by the City's Pension Savings Plan Administrator)**

City Service Dates	City Contribution	Interest Credited
From: ___ / ___ / ___ To: ___ / ___ / ___		
From: ___ / ___ / ___ To: ___ / ___ / ___		
From: ___ / ___ / ___ To: ___ / ___ / ___		
From: ___ / ___ / ___ To: ___ / ___ / ___		
From: ___ / ___ / ___ To: ___ / ___ / ___		
From: ___ / ___ / ___ To: ___ / ___ / ___		
From: ___ / ___ / ___ To: ___ / ___ / ___		
From: ___ / ___ / ___ To: ___ / ___ / ___		
From: ___ / ___ / ___ To: ___ / ___ / ___		

**CERTIFICATION**

I hereby certify that the above information is correct pursuant to our official records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Please print your name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number ( )

\_\_\_\_\_  
Fax Number ( )

Revised February 17, 2010