



**ELECTION NOT TO PARTICIPATE IN RECIPROCAL
RETIREMENT BENEFITS ARRANGEMENT**

Name: _____ Social Security No. _____

DWP Identification No. _____ Last Day at DWP _____

I hereby choose not to participate in the reciprocal retirement benefits arrangement between the Water and Power Employees Retirement Plan (WPERP) and the Los Angeles City Employees' Retirement System (LACERS). I do this with the following understanding:

- 1) I will not be able to take a refund of my LACERS retirement contributions until after I terminate employment with the City or retire.
- 2) If I should subsequently desire to purchase the same period of service credit, it may cost me considerably more in cost.
- 3) I will not be able to carry forward my WPERP entry age into LACERS and, therefore, may contribute to WPERP at a higher rate than would otherwise be the case.
- 4) Eligibility to receive a service retirement, disability retirement, and/or some death benefits may be negatively impacted by this election.

Signature Date

This form must be signed in the presence of LACERS' staff or your signature must be notarized.

LACERS' Staff Attestation:

This Negative Election form was signed in my presence this _____ day of _____, in the year 20_____

Printed Name & Signature of LACERS' Staff Member _____

OR

Notarial Acknowledgement:

STATE OF _____ }

County of _____ }

On _____ before me, _____, Notary Public, personally appeared

_____, personally known to me (or proved to me on the basis of satisfactory evidence), to be the person whose name is subscribed to the within instrument, and acknowledged to me that s/he executed same in his/her authorized capacity, and that by his/her signature on the instrument the person or entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

Signature of Notary