

LARGER ANNUITY PROGRAM APPLICATION 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 L ACERS, I understand that I will not receive interest/investment return for the month that includes my retirement effective date.

2. Deferred Compensation Account – Pre-Tax (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 beg in 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):

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

Joint Annuitant Information:

Name: _____ Date of Birth: _____

Social Security Number (Optional): _____

- I understand that my joint annuitant will receive a continuance of my annuity as designated above if I predecease him/her regardless of our marital/domestic partnership status at that time.

Signature _____

Date _____