

LARGER ANNUITY INITIATION OR CHANGE OF CONTRIBUTION AMOUNT - ALL MEMBERS

_____ (Print) Last Name		_____ First Name		_____ Middle Name	
_____ Street Address		_____ City		_____ State	
				_____ Zip Code	
_____ Last four digits of Social Security Number		_____ Email		_____ Date of Birth	
				_____ Daytime Phone Number	

Contribution Options:

1. Lump-sum contribution \$ _____
(The maximum annual post-tax contribution is limited by the Internal Revenue Code.)
2. Biweekly contribution* from pay check (after-tax only) \$ _____
*(The minimum biweekly contribution is \$5 per pay period.)
3. Trustee-to-trustee transfer/rollover from other qualified retirement fund _____ (please initial)
(For a trustee-to-trustee transfer/rollover, this form only serves as notification to LACERS that you intend to initiate such a transfer. Please contact the retirement plan from which the funds will be coming to determine their procedure for making the transfer/rollover to LACERS.) **Roth IRA rollovers are not permitted.**

Name of Retirement Fund _____

Investment Options: (Please initial One)

_____ Interest credited monthly is the same as that credited to regular member contributions and is based on the Five-year Treasury note.

_____ Investment return on account based on the net-of-fees return of the publicly-traded portion of LACERS investment portfolio. **The rate of return may be positive or negative.**

I understand that interest/investment return will be credited to my account only after the funds are on deposit for a full calendar month. I further understand that requests for changes to my Larger Annuity contribution must be made in writing to the LACERS.

Member's Signature

Date

For LACERS Use Only

Verified by _____ 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.