LACERS
LA CITY EMPLOYEES' RETIREMENT SYSTEM

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Submit form to:
Online | lacers.org/secure-document-upload
Fax | (213) 473-7297 **Mail Stop** | 175
Mail | 977 N. Broadway, Los Angeles, CA 90012 -1728

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

IMPORTANT INFORMATION

1. Do you have a Retirement Effective Date? Yes ☐ or No ☐
   If yes, provide your Retirement Effective Date: _____

Initial Below

2. I understand that the Larger Annuity Program (LAP) is established as an actuarially cost-neutral program. As such, it is within LACERS' sole discretion to reject any initiation of accounts where undue administrative expenses are incurred, such as utilizing the LAP as a pass-through for a purpose other than to convert the value of your LAP account into a monthly annuity at the time of retirement. _____

3. I understand that I will not be eligible to request a refund or rollover of my contributions until the funds have been on deposit with LACERS for at least six months, unless doing so would result in an excess benefit in accordance with LACERS Board Rule LA 22 which states: "A Larger Annuity Program account shall be established by an Active Member for at least six (6) months prior to any refund or distribution. In the event that the Member retires prior to this six-month period, their funds may only be used to purchase a larger annuity." _____

4. I understand that interest/investment return will be credited to my account only after the funds are on deposit for a full calendar month. _____

5. I understand that requests for changes to my Larger Annuity contribution must be made in writing to LACERS. _____

6. I understand that I can change my investment option once a year effective the first day of the month following the change request. _____

7. I understand that only one refund of Larger Annuity contributions and accumulated interest is permitted during the term of my membership. _____

8. I understand that a refund may take up to four full calendar months, the time it takes for my contributions to be fully valued and liquidated. _____

_____ _____
Member's Signature Date

FOR OFFICE 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.