

LARGER ANNUITY PROGRAM ELECTION TO CHANGE INVESTMENT OPTION OR TERMINATE BIWEEKLY CONTRIBUTIONS - 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

Change Investment Option to: (Please initial)

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

- *My entire Larger Annuity account will be transferred to the new investment option as of the next monthly valuation (interest or return posting) after this completed form is received by LACERS; and*
- *I can only change my investment option once per year.*

Termination of Biweekly Deduction: (Please initial)

_____ Please terminate my biweekly deduction to LACERS Larger Annuity Program.

Member's Signature

Date

For LACERS Use Only

Verified by _____ Date _____

Date of last change (if any) _____ (Only one investment option change per year is allowed)

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.