

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 PROGRAM ELECTION TO CHANGE INVESTMENT OPTION OR TERMINATE BIWEEKLY CONTRIBUTIONS - ALL MEMBERS

(Print) Last Name	F	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 Op	tion to: (Please initi	al)	
1 Interest credited based on the Five-year T	•	e as that credited to regul	ar member contributions and is
		on the net-of-fees return turn may be positive or	of the publicly-traded portion of negative.
next monthly value of the control of	r Annuity account will luation (interest or reget to the contract of the contr	turn posting) after this co	w investment option as of the mpleted form is received by nuity Program.
Member's Signature		Date	
	For LA	ACERS Use Only	
V by		Date	
Date of last change (if ar is allowed)	ıy)	(Only one inve	stment option change per year

## **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.