



LACERS

LA CITY EMPLOYEES'
RETIREMENT SYSTEM

Mailing Address: PO Box 512218, Los Angeles, CA 90051-0218

Visit LACERS at 977 N Broadway, Los Angeles, CA 90012

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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

V 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.