



## TRUSTEE-TO-TRUSTEE TRANSFER/ DIRECT ROLLOVER FORM FOR LARGER ANNUITY

### TO BE COMPLETED BY MEMBER

I hereby authorize the following trustee-to-trustee transfer/direct rollover to LACERS for placement in a Larger Annuity account:

\_\_\_\_\_  
Member's Name (Please Print)

\_\_\_\_\_  
Social Security Number

Transfer the whole balance in the Account

Transfer a specific amount \$ \_\_\_\_\_

\_\_\_\_\_  
Name of Plan

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Address of Plan

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

**Please note: You can transfer funds from any eligible retirement plan as defined in Section 402(c)(8)(B) of the Internal Revenue Code. Please contact your plan administrator to ensure they meet this qualification prior to completing and submitting this form to them.**

### FOR DISTRIBUTING PLAN SPONSOR

LACERS is a qualified defined benefit plan that accepts a direct trustee-to-trustee transfer of funds from an eligible retirement plan as defined in Section 402(c)(8)(B) of the Internal Revenue Code. Roth IRA rollovers are not permitted. If possible, please return this completed form to LACERS with the distribution check payable to *Los Angeles City Employees' Retirement System*. Please include the Member's name on the note section of the check.

**Please complete the following information and return this form to the address at the top of the form.**

I certify that the \_\_\_\_\_ is an eligible retirement plan as defined in  
Internal Revenue Code Section 402(c)(8)(B).  
(Print Name of Plan)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Contact Telephone Number

\_\_\_\_\_  
Signature of Plan Administrator

\_\_\_\_\_  
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.