

Mailing Address: PO Box 512218, Los Angeles, CA 90051-0218 Visit LACERS at 977 N Broadway, Los Angeles, CA 90012 <a href="https://www.lacers.org">www.lacers.org</a> | lacers.services@lacers.org | Mail Stop 175 (800) 779-8328 | Fax (213) 473-7297 | RTT (888) 349-3996

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

TO BE COMPLETED BY MEMBER	
I hereby authorize the following trustee-to-trustee tr a Larger Annuity account:	ansfer/direct rollover to LACERS for placement in
a Larger Armuity 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 e 402(c)(8)(B) of the Internal Revenue Code. Pleas they meet this qualification prior to completing	se contact your plan administrator to ensure
FOR DISTRIBUTING	G PLAN SPONSOR
LACERS is a qualified defined benefit plan that acc from an eligible retirement plan as defined in Sectio Roth IRA rollovers are not permitted. If possible, plate the distribution check payable to <i>Los Angeles City E</i> the Member's name on the note section of the check	ease return this completed form to LACERS with Employees' Retirement System. Please include
Please complete the following information and retur	n this form to the address at the top of the form.
I certify that the	_ is an eligible retirement plan as defined in
(Print Name of Plan) Internal Revenue Code Section 402(c)(8)(B).	
Double and	
Print Name	Title
	Contact Telephone Number
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Revised: December 2020

## **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.