



*Securing Your Tomorrows*

Mailing Address: PO Box 512218, Los Angeles, CA 90051-0218  
Visit LACERS at 202 W. First St, Suite 500, Los Angeles, CA 90012  
[www.lacers.org](http://www.lacers.org) | [lacers.services@lacers.org](mailto:lacers.services@lacers.org) | Mail Stop 175  
(800) 779-8328 | TTY (888) 349-3996

## LACERS MEMBER VERIFICATION OF PENSION REQUEST

\_\_\_\_\_  
(Print) Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last four digits of SSN

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth

- I am requesting that LACERS provide me with an Award Letter printed on LACERS' letterhead, addressed to me and includes my name, address, retirement date, and the gross monthly allowance amount.
- I am requesting that LACERS provide me with a Balance of Contributions Letter printed on LACERS' letterhead, addressed to me and includes my name, address, total contributions on deposit, and information on how the funds may become available.

Please indicate where you would like your Award Letter or Balance of Contribution Letter to be sent. **Select only one.**

Email

Fax

US Mail

Specify the email address or fax number below. If you are requesting to receive the Award Letter or Balance of Contribution Letter by mail, it will be sent to the address on file with LACERS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This request is being made in order to verify my income or contributions on deposit.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

*Processing time may extend up to three business days from the date LACERS receives the request.*

### 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.