

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.

**Please check
all that apply:**

Service

Continuance

Larger Annuity **or**

Both Service
and Larger Annuity

- 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.

Please provide a current phone number below so that staff may be able to reach you.

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

Member Signature (**Wet Signature ONLY**. Electronic signatures will not be accepted).

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.