



Los Angeles

Fire & Police Pensions

TO SERVE THOSE WHO PROTECT

PENSION VERIFICATION LETTER REQUEST FORM

SOCIAL SECURITY NUMBER XXX—XX—	LAST NAME (PRINT)	FIRST NAME	M.I.
E-MAIL ADDRESS		TELEPHONE	

I am requesting a current Pension Verification Letter.
I understand that the original signed letter will be sent to my
current home address, per LAFPP records.

<input type="checkbox"/>	ONLY check this box and complete the section below if you are requesting a copy of your Pension Verification Letter to be delivered to the following:
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BUSINESS NAME	REPRESENTATIVE NAME		
ADDRESS	CITY	STATE / ZIP	
E-MAIL ADDRESS		FAX	

Member Signature: _____ **Date:** _____

Please submit completed forms to:

**Los Angeles Fire and Police Pensions
Attn: Retirement Services Section
701 E. 3rd Street, Suite 200
Los Angeles, CA 90013**

Fax: (213) 628-7716

Email: pensions@lafpp.com

If you have any questions, please contact the Retirement Services Section at:

Telephone: (844) 88-LAFPP (52377) Ext. 93125 or (213) 279-3125

www.lafpp.com