



REQUEST SURVIVOR BENEFIT ESTIMATE

Member Name: _____
LAST FIRST MI

Social Security No. (Last 4): _____ Police Fire Harbor Airport

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile/Work Phone: _____

PLEASE CHECK ONE: Spouse Domestic Partner

Spouse / Domestic Partner Name: _____ Social Security No.: _____ - _____ - _____

Spouse / Domestic Partner Date of Birth: _____ Marriage / Domestic Partnership Date: _____

Member Signature (No digital signatures please)

Date

RETURN TO: Los Angeles Fire and Police Pensions
 Attn: Retirement Services Section / Deborah Campos
 701 E. 3rd Street, Suite 200
 Los Angeles, CA 90013
 email: rs@lafpp.com

For Questions: (844) 88-LAFPP (52377), Extension 3127
 (213) 279-3127