

REQUEST FOR SERVICE CREDIT PURCHASE ESTIMATE

(Please complete this form if you would like a cost estimate for purchasing service credit. After an estimate is provided, you may then decide whether to proceed with your purchase of service credit.)

ATTENTION: If you have already ent purchase any type of se		e retirement or disability pension	, you may <u>not</u>
PLEASE CHECK ONE: I haveha	ve notapplied to enter DF	ROP or applied for a service/disab	ility pension.
Date:/ Dept:	□ LAFD □ LAPD □ HARBOR	☐ AIRPORTS	
Name: Last		First	 Middle Initia
Other Names Used in the Past:			
Cell: (Home: ()	Work: ()	
How Woul	d You Like to Receive \	our Cost Estimate?	
□ E-MAIL:			
☐ MAIL: Address:			_
City:	State:	Zip Code:	
Which Type of Se	ervice Credit Are You Ir	nterested in Purchasin	g?
☐ BASIC TRAINING:		Graduation Date:/	_
□ PRIOR LAFPP SERVICE:	From://		
□ WORKERS' COMPENSATION TIME	E: From://		_/
☐ TIME SPENT ON A NONSERVICE-	CONNECTED DISABILITY PENSION	N:	
	From://	To:/	_/
How Would You I	Like to Pay for Your Se	rvice Credit Purchase?	
☐ TRUSTEE-TO-TRUSTEE TRANSFEI	R FROM THE CITY OF LOS ANGELES	DEFERRED COMPENSATION PLAI	N
□ ROLLOVER FROM ANOTHER QUA	LIFIED RETIREMENT PLAN		
□ LUMP SUM PAYMENT BY CHECK (OR MONEY ORDER		
□ PAYROLL DEDUCTION CONTRACT	Г		
☐ I HAVE NOT YET DECIDED			

Note for Basic Training Purchases Only: If you have **less than 5 years of service**, you must FIRST transfer all your funds from the City's PST (Part-time, Seasonal and Temporary Employees) Plan into your Deferred Compensation Plan account and request a trustee-to-trustee transfer, then use Lump Sum Payment or Payroll Deduction Contract to pay the balance, if any.

If you have any questions, please contact Active Member Services Section at:

Los Angeles Fire and Police Pensions Attn: Active Member Services Section 701 E. 3rd St., Suite 200 Los Angeles, CA 90013

Telephone: (844) 88-LAFPP (213) 279-3140

Fax: (213) 628-7716 Email: amssection@lafpp.com

www.lafpp.com