



**APPLICATION FOR SERVICE PENSION BENEFITS**  
**PERSONAL INFORMATION**

FIRST NAME	MIDDLE INITIAL	LAST NAME	OTHER LEGAL/MAIDEN NAME	SOCIAL SECURITY NUMBER
ADDRESS (NUMBER AND STREET)		CITY	STATE	ZIP CODE
DATE OF BIRTH				
HOME PHONE NUMBER	WORK PHONE NUMBER	CELL PHONE NUMBER	E-Mail	
DEPARTMENT	DATE OF HIRE		PRESENT RANK	
FIRE	POLICE	HARBOR		
PENSION PLAN	DROP ENTRY		EFFECTIVE DATE*	
TIER 2	TIER 3	TIER 4	TIER 5	SERVICE PENSION

\*Member must be on active duty status on the DROP Entry date.

**SPOUSE/DOMESTIC PARTNER INFORMATION**

FIRST NAME	MIDDLE INITIAL	LAST NAME	OTHER LEGAL/MAIDEN NAME
DATE OF MARRIAGE/FILING OF DECLARATION OF DOMESTIC PARTNERSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	

**DEPENDENT CHILDREN**

Unmarried Under 18/22\*\* Years

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER

\*\*Note: For Members in Tiers 3, 4, 5, and 6: minor children who are full time students remain eligible for pension benefits up to age 22. Disabled children may also be eligible for continued benefits.

**FORMER SPOUSE INFORMATION**

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF MARRIAGE	DATE OF DISSOLUTION
FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF MARRIAGE	DATE OF DISSOLUTION

To name additional Dependent Children or Former Spouses, initial here \_\_\_\_\_ and complete page 2.

I declare under penalty of perjury that all of the foregoing is true and correct.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**If you have any questions, please contact the DROP/Service Pensions Section at:**

**Los Angeles Fire and Police Pensions  
 Attn: Drop/Service Pensions Section  
 701 E. 3rd Street, Suite 200  
 Los Angeles, CA 90013  
 Telephone: (844) 88-LAFPP Ext. 93100  
 (213) 279-3100**

**FOR LOS ANGELES FIRE & POLICE PENSIONS USE ONLY**

Application Received: _____
Original Date of Appointment/Plan Membership: _____
Aggregate Years of Service: _____

# APPLICATION FOR SERVICE PENSION BENEFITS (CONT.)

FIRST NAME	MIDDLE INITIAL	LAST NAME	OTHER LEGAL/MAIDEN NAME	SOCIAL SECURITY NUMBER

## ADDITIONAL DEPENDENT CHILDREN

Unmarried Under 18/22\*\* Years

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER

\*\*Note: For Members in Tiers 3, 4, 5, and 6: minor children who are full time students remain eligible for pension benefits up to age 22. Disabled children may also be eligible for continued benefits.

## ADDITIONAL FORMER SPOUSE INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF MARRIAGE	DATE OF DISSOLUTION
FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF MARRIAGE	DATE OF DISSOLUTION

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_