



## AUTHORIZATION FOR WIRE TRANSFER - DROP ROLLOVER DISTRIBUTIONS

I, \_\_\_\_\_, agree to incur all costs and fees pertaining to my  
**PRINT NAME**

Deferred Retirement Option Plan (DROP) rollover distribution(s) via wire transfer. Current fee is \$35.00 per wire transfer, payable by check issued to the **Board of Fire and Police Pension Commissioners**.

I am responsible for ensuring that my financial institution will accept a wire transfer of my DROP rollover distribution(s).

I acknowledge that there will be separate fees for the taxable and non-taxable portion of my rollover distributions.

I would like to rollover via wire transfer my:

Taxable Portion of my DROP Distribution

Non-Taxable Portion of my DROP Distribution

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PHONE NUMBER

\_\_\_\_\_  
 EMAIL

\_\_\_\_\_  
 DROP EXIT DATE

Please return form by mail, fax or email to:

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

**Fax: (213) 628-7716**

**Email: dropsp@lafpp.com**

**If you have any questions, please contact us at:**  
**Telephone: (213) 279-3100 or (844) 88-LAFPP (52377) Ext. 93100**

DROP Staff Use Only:

Check No. \_\_\_\_\_

Date Received \_\_\_\_\_

Check Amount \$ \_\_\_\_\_

Received by \_\_\_\_\_