



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 entered DROP or retired on a service retirement or disability pension, you may not purchase any type of service credit.

PLEASE CHECK ONE: I have [] have not [] applied to enter DROP or applied for a service/disability pension.

Date: ___/___/___ Dept: [] LAFD [] LAPD [] HARBOR [] AIRPORTS

Name: Last First Middle Initial

Other Names Used in the Past: _____

Social Security No.: XXX - XX - _____ Mailing Address: _____

E-Mail: _____ City: _____ State: _____ Zip Code: _____

Cell: (____) _____ - _____ Home: (____) _____ - _____ Work: (____) _____ - _____

Which Type of Service Credit Are You Interested in Purchasing?

- BASIC TRAINING: Date Hired: ___/___/___ Graduation Date: ___/___/___
PRIOR LAFPP SERVICE: From: ___/___/___ To: ___/___/___
WORKERS' COMPENSATION TIME: From: ___/___/___ To: ___/___/___
TIME SPENT ON A NONSERVICE-CONNECTED DISABILITY PENSION: From: ___/___/___ To: ___/___/___

How Would You Like to Pay for Your Purchase of Service?

- TRUSTEE-TO-TRUSTEE TRANSFER FROM THE CITY OF LOS ANGELES DEFERRED COMPENSATION PLAN
ROLLOVER FROM ANOTHER QUALIFIED RETIREMENT PLAN
LUMP SUM PAYMENT BY CHECK OR MONEY ORDER
PAYROLL DEDUCTION CONTRACT
I HAVE NOT YET DECIDED

Please send me an estimate and I will select my payment method later should I decide to purchase this service.

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

Los Angeles Fire and Police Pensions
Attn: Active Member Services Section
701 E. 3rd St.
Los Angeles, CA 90013
Mail Stop: 390
Telephone: (844) 88-LAFPP (213) 279-3140
Fax: (213) 628-7716
Email: amssection@lafpp.com