



## REQUEST FOR CONTRIBUTIONS STATEMENT

Login to your MyLAFPP account to view the current balance of your pension contributions. If you do not have access to MyLAFPP or you need a formal letter of your pension contributions balance, please complete this form. Please note, members may register to access your MyLAFPP account at [www.LAFPP.com](http://www.LAFPP.com).

This form may be used by the member or the member's spouse or former spouse for community property interest inquiries. Requests from an attorney should be on letterhead and indicate the party represented.

**MEMBER'S FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**MEMBER'S LAST 4 SSN:** \_\_\_\_\_ **DEPT:**  Fire  Police  Harbor  Airport

**NOTE:** If this information is needed for a divorce calculation, please also provide the following information.

**Name of Spouse or Former Spouse:** \_\_\_\_\_

**Date of Marriage:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

**Date of Separation:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

### PREFERRED METHOD TO RECEIVE YOUR CONTRIBUTIONS STATEMENT:

**Email:** \_\_\_\_\_

**Mail: Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**YOUR NAME:** \_\_\_\_\_ **PHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### 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. 3<sup>rd</sup> St., Suite 200  
 Los Angeles, CA 90013

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

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