

MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM
7722 OFFICE PARK BLVD, SUITE 200
BATON ROUGE, LA 70809-7601
PHONE (225) 929-7411 or (800) 443-4248 FAX (225) 929-6542

APPLICATION FOR TRANSFER OF CREDITABLE SERVICE
R. S. 11:143

Date of Application _____
Name of Applicant _____ Social Security # _____
Mailing Address _____ Date of Birth _____
_____ Daytime Phone Number _____

Receiving System MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM

Transferring System _____

Date of Employment _____

Department where employed _____

If refunded, date of refund _____

Are you now or have you ever been a member of another Louisiana Public Retirement System? _____

Please list and give dates: _____

I request an actuarial cost for a possible transfer of all creditable service and appropriate contributions in connection with my membership from the above named transferring system to the system to which I am either actively contributing or last contributed if not active in the system at the present. This request is being made under the provisions of R.S. 11:143.

I understand that if total funds transferred do not equal at least the amount that would have been contributed had all my credit originally been credited under the law governing the receiving system, I will be required to pay the difference to the receiving system, or choose to be granted prorated credit based on the amount of funds actually transferred, and compared on a year to year basis. I also understand that if the funds transferred equal to less than 100% of the increase in accrued liability to the receiving system, I must pay the difference to the receiving system, or in lieu thereof, accept prorated service credit based on the amount actually transferred.

I understand that my retirement benefit, based on the creditable service transferred, will be calculated using the retirement percentage factor of the transferring system.

I further understand that after the transfer is complete, the transferring system shall have no future liability with respect to my creditable service transferred.

Applicant's Signature _____

Name of Employer _____

This application is valid for 90 days from the date the member is informed of the cost of the transfer.