

**APPLICATION FOR TRANSFER OF CREDITABLE SERVICE**

R. S. 11:143

Name of Applicant \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Mailing Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Date of Application \_\_\_\_\_

Receiving System MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM

Transferring System \_\_\_\_\_

I hereby request a complete transfer of all creditable service and appropriate contributions in connection with my membership in the above named transferring system to my current retirement system, named above as the receiving system, in accordance with 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 have 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. Attached is my check in the amount of \$125.00 payable to **Hall Actuarial Associates** to cover the cost of the actuarial computation to determine the accrued liability of the transfer.

I understand that should I retire, or take a deferred retirement from the receiving system and then become employed in a position which makes me eligible for membership in the transferring system, I will not be allowed to become a member of such system as set forth in the provision of R.S. 11:143.

**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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Employer

cc: Transferring System