

FIREFIGHTERS' RETIREMENT SYSTEM

Application for Transfer of Creditable Service

R.S. 11:143

Name of Applicant: _____

Date of Birth: _____

Social Security Number: _____

Sex: _____

Mailing Address: _____

Date of Application: _____

I. Receiving System: _____

II. Transferring System: _____

Approximate Dates of Service: From: _____ To: _____

Approximate Date of Refund (if any): _____

Employed by (at time you contributed to other retirement system): _____

I request a complete transfer of all creditable service and appropriate contributions in connection with my membership in the above named transferring system to the system I am actively contributing to. This request is being made under the provisions of R.S. 11:143.

I understand that if total funds transferred do not equal to 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 one hundred percent (100%) of the increase in accrued liability to the receiving system, I must pay the difference to the receiving system.

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 per provisions set forth under 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 understand that after the transfer is completed, the transferring system shall have no future liability with respect to my creditable service transferred.

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

Applicant's Signature: _____

Name of Employer: _____