

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

Name of Applicant _____ Social Security No. _____

Mailing Address _____

Date of Birth _____ Sex _____ Date of Application _____

Receiving System _____

Transferring 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. 42:697.1.

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. 42:697.1.

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.

TRANSFER FEE of \$50.00 MUST ACCOMPANY APPLICATION.

Signature of Applicant _____ Name of Employer _____

The following questions must be answered before we can proceed with the computation of transferring your creditable service.

1. Have you ever been a member of any other Louisiana Public Retirement System?
2. If so, please give the name of ***each*** system in which you have been a member and the dates of your membership.
3. Do you have a reciprocal with any other Louisiana Public Retirement System? If so, which system(s) and what are the dates of the service periods.
4. Have you ever received a refund from any Louisiana Public Retirement System, including this one?
5. If so, what system(s), what were the dates of the refunds, what were the service periods, and what were the amounts of the refunds?

Please mail to: MERS, 7937 Office Park Blvd., Baton Rouge, LA 70809