



SERVICE PENSION RESCISSION NOTICE

Date: _____

Board of Fire and Police Pensions Commissioners
701 E. 3RD Street, Suite 200
Los Angeles, CA 90013

Honorable Board Members:

Please be advised that I no longer intend to retire effective _____ and wish to rescind my Application for Service Pension Benefits.

This Notice is being submitted by me (check one of the following):

- a. in person at 701 E. 3rd Street, Suite 200, Los Angeles, CA 90013, no later than 4:30 p.m. the day prior to my Service Pension effective date, or
- b. via fax to (213) 628-7716, no later than 11:59 p.m. the day prior to my Service Pension effective date.
- c. via email to dropsp@lafpp.com, no later than 11:59 p.m. the day prior to my Service Pension effective date.

I understand that I must notify my employing Department of my rescission and unless this form is received by a member of the administrative staff of the Los Angeles Fire and Police Pensions on the deadline date, my service retirement is in effect.

Sincerely yours,

Signature

Print Name

XXX-XX-

Social Security No. (Last 4 digits)

Administrative Staff Member

Date