



## AUTHORIZATION FOR WIRE TRANSFER - DROP ROLLOVER DISTRIBUTIONS

I, \_\_\_\_\_, agree to incur all costs and fees pertaining to my  
**PRINT NAME**

Deferred Retirement Option Plan (DROP) rollover distribution(s) wire transfer. The current fee is \$7.00 per wire transfer, which will be deducted from my service pension payment the month that my DROP Distribution is processed. If my DROP Distribution is processed prior to start of my service pension payment, the fee will be deducted on my first pension payment.

I am responsible for ensuring that my financial institution will accept a wire transfer of my DROP rollover distribution(s) and the wire account information provided is correct.

I recognize that I have the option to have my rollover distribution(s) issued as a check, at no cost but choose instead to pay for distribution by wire transfer. I acknowledge that there will be separate wire fees for the taxable and non-taxable portion of my rollover distributions.

I would like to rollover via wire transfer my:

Taxable Portion of my DROP Distribution

Non-Taxable Portion of my DROP Distribution

\_\_\_\_\_  
 Financial Institution's Name - Taxable Rollover

\_\_\_\_\_  
 Financial Institution's Name - Non-taxable Rollover

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 PHONE NUMBER

\_\_\_\_\_  
 EMAIL

\_\_\_\_\_  
 DROP EXIT DATE

\_\_\_\_\_  
 DATE SIGNED

Please return this form by mail, fax or email to:

**Los Angeles Fire and Police Pensions**  
**Attn: DROP/Service Pensions Section**  
**701 E. 3rd Street, Suite 200**  
**Los Angeles, CA 90013**

**Fax: (213) 628-7716      Email: dropsp@lafpp.com**

**If you have any questions, please contact us at: Telephone: (213) 279-3100 or (844) 88-LAFPP (52377)**

DROP Staff Use Only:

Deduction entered on \_\_\_\_\_ Payroll Month & Year \_\_\_\_\_