	Los Angeles			
	Fire & Police Pe	ensions		
L	A F P P ^{TO}	D SERVE THOSE WHO PROTECT		
	(Please complete this form if you would	ld like a cost estimate for pu	PURCHASE ESTIMA urchasing service credit. After the h your purchase of service cred	an estimate is
ATT	ENTION: If you have already entered I purchase any type of service of		e retirement or disability pens	ion, you may <u>not</u>
PLE	ASE CHECK ONE: I havehave not	tapplied to enter DI	ROP or applied for a service/dis	sability pension.
Date	:// Dept: 🗆 L	LAFD 🗌 LAPD 🗌 HARBOR		
Nam	e:Last		First	Middle Initial
Other Names Used in the Past:			Social Security No.	: XXX - XX
Cell:	(Home	2: (Work: ()	
			Your Cost Estimate?	
	E-MAIL:			
	MAIL: Address:			
	City:	State:	Zip Code:	
	Which Type of Servic	e Credit Are You Ir	nterested in Purchas	ing?
	BASIC TRAINING:	Date Hired://	Graduation Date:/_	/
	PRIOR LAFPP SERVICE:	From://	To:/_	/
	WORKERS' COMPENSATION TIME:	From://	To:/_	/
	TIME SPENT ON A NONSERVICE-CONN	ECTED DISABILITY PENSIO	N:	
		From:///////	То:/_	/
	How Would You Like	to Pay for Your Se	rvice Credit Purchas	e?
	TRUSTEE-TO-TRUSTEE TRANSFER FROM THE CITY OF LOS ANGELES DEFERRED COMPENSATION PLAN			
	ROLLOVER FROM ANOTHER QUALIFIED RETIREMENT PLAN			
	LUMP SUM PAYMENT BY CHECK OR MONEY ORDER			
	PAYROLL DEDUCTION CONTRACT			
	I HAVE NOT YET DECIDED			
Note for Basic Training Purchases Only: If you have less than 5 years of service , you must FIRST trans from the City's PST (Part-time, Seasonal and Temporary Employees) Plan into your Deferred Compensation Plan request a trustee-to-trustee transfer, then use Lump Sum Payment or Payroll Deduction Contract to pay the ba				Plan account and
	If you have any quest	tions, please contact Active I	Member Services Section at:	
		os Angeles Fire and Police P. ttn: Active Member Services 701 E. 3 rd St., Suite 20 Los Angeles, CA 90013	Section 0	
		Telephone: (844) 88-LAF (213) 279-3140	FPP	
		Fax: (213) 628-7716 Email: amssection@lafpp.		

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Active Member Services Section