



REQUEST FOR CONTRIBUTIONS STATEMENT

Login to your MyLAFPP account to view the current balance of your pension contributions. If you do not have access to MyLAFPP or you need a formal letter of your pension contributions balance, please complete this form. Please note, members may register to access your MyLAFPP account at <http://lafpp.lacity.gov>.

This form may be used by the member or the member's spouse or former spouse for community property interest inquiries. Requests from an attorney should be on letterhead and indicate the party represented.

MEMBER'S FIRST NAME: _____ **LAST NAME:** _____

MEMBER'S LAST 4 SSN: _____ **DEPT:** Fire Police Harbor Airport

NOTE: If this information is needed for a divorce calculation, please also provide the following information.

Name of Spouse or Former Spouse: _____

Date of Marriage: ____/____/____

Date of Separation: ____/____/____

PREFERRED METHOD TO RECEIVE YOUR CONTRIBUTIONS STATEMENT:

Email: _____

Mail: Street Address _____

City _____ **State** _____ **Zip Code** _____

YOUR NAME: _____ **PHONE NUMBER:** (____) _____

SIGNATURE: _____ **DATE:** _____

If you have any questions, please contact Active Member Services Section at:

Los Angeles Fire and Police Pensions
 Attn: Active Member Services Section
 701 E. 3rd St., Suite 200
 Los Angeles, CA 90013

Telephone: (844) 88-LAFPP
(213) 279-3140

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