

APPLICATION FOR TRANSFER OF CREDITABLE SERVICE

Changes as of 01/19

R.S. 11:143

Name: _____

Social Security No.: _____

Mailing Address: _____

Date of Birth: _____

Phone No.: _____

Date of Application:

I. Receiving System City of New Orleans Employees' Retirement System

II. Transferring System _____

I hereby 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. 11:143.

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 plus interest, 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 100% of the increase in accrued liability to the receiving system, I must pay the difference to the receiving system. I understand that I am required to pay **\$150.00** to the receiving system for the cost of having this request computed by the system's actuary.

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. 11:143.

I understand that my retirement benefits, 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 further liability with respect to my creditable service transferred.

Signature of Applicant

Name of Employer (Current)