APPLICATION FOR TRANSFER OF CREDITABLE SERVICE (R.S. 11:143)

Name of Applicant _____ SSN _____

Street Address _____ Date of Birth _____

City, State, Zip _____ Date of Application _____

I. Receiving System _____

II. Transferring System _____

I 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 the amount that would have been contributed had all of my credit originally been credited under the governing the receiving system, I will have to pay the difference to the receiving system, or choose to be granted prorated credit based on the amount of funds actually transferred. I also understand that if the funds transferred equal less than one hundred percent (100%) of the increase in accrued liability to the receiving system, I must pay the difference to the receiving system. I understand that my retirement benefit, 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 future liability with respect to my creditable service transferred. This application for transfer is only valid for 90 days from the time that a member is informed of the cost of the transfer.

Applicant's Signature _____

Name of Employer _____

DO NOT WRITE BELOW THIS LINE WHEN FILING INITIAL APPLICATION

AUTHORIZATION TO TRANSFER

Check 1:

_____ I herby authorize completion of the transfer applied for above and authorize the transfer of all assets and liabilities under R.S. 11:143 to the Parochial Employees' Retirement System, and I attach my check for $_____ as required to fund the actuarial liabilities transferred.

OR

_____ I accept a prorata transfer for _____ years at no cost.

_____ _____

Signature Date