

## Instructions – Retirement Application Form

The **“Personal Data Sheet for Retirees” (Page 2-3)** and **“Application for Retirement”** are used to apply for retirement from active service. If you need information on your eligibility to retire, please contact the Retirement Plan Office at (213) 367-1715.

Steps for completing the **“Personal Data Sheet for Retirees”** form  
(see page 2-3)

The **“Personal Data Sheet for Retirees”** is a form used to gather personal and confidential information for your retirement. The information is used by staff to assist in the calculation of your benefits and to assist you through the retirement process. The information will not be shared with your Division or anyone outside of the Retirement Plan Office.

If you have any concerns or questions that are not addressed in the form, please address them directly with your assigned retirement counselor. The more information that we have about your particular situation; the more we can customize the retirement counseling to meet your needs.

Please deliver the completed form directly to:

**Retirement Plan Office  
John Ferraro Building, Room 357  
7:00 a.m. thru 4:00 p.m.**

Steps for completing the **“Application for Retirement”** form

The **“Application for Retirement”** is a separate form and should be completed and printed on Department letterhead. Your retirement date must be on the 1<sup>st</sup> of the month. **Your application must be received by the Retirement Plan Office at least 30 calendar days prior to your retirement date. Thirty days prior is mandatory per the City Charter. We cannot accept a late application.** Therefore, you should notify your division of your intent to retire at least 60 days prior to your desired retirement date.

**If you are younger than age 60 on your retirement date, the application must be approved by your Division Director and routed to the Retirement Plan Office through your Division.**

If you are age 60 or older on your retirement date, you may deliver the application directly to the Retirement Plan Office. Your Division Director's approval is not required.

Notes:

It is your responsibility to review the accuracy of the information on the application before you sign it. If any changes are needed, please initial the corrections. Do NOT use correction tape (whiteout).

The Retirement Plan Office will only accept an original signed application. We will not accept a copied, emailed, or faxed application.

***If you have any questions, please call (213) 367-1715. (Rev. 10/26/2018)***

# PERSONAL DATA SHEET FOR RETIREES

**PLEASE TURN THIS FORM INTO THE RETIREMENT PLAN OFFICE (JFB - ROOM 357)**  
**DO NOT SUBMIT THIS FORM TO YOUR DIVISION**

**\*\*\* THIS FORM IS NOT AN APPLICATION FOR RETIREMENT\*\*\***

<b>TARGETED EFFECTIVE RETIREMENT DATE:</b>	
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<b><u>Member – Job Information</u></b>	
Name:	
Employee No.:	
Civil Service Class:	
Division:	
Payroll No.:	
Department Phone:	

<b><u>Member – Personal Information</u></b>	
Social Security Number:	XXX - XX -
Birth Date:	
Home Address:	
(cont)	
City, State Zip Code:	
Home Phone:	
Mobile Phone:	
E-Mail Address:	

<b><u>Member – Service Information</u></b>		
Prior City service (check one)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If "Yes", do you have funds on deposit with LACERS?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you applied to retire with LACERS?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Prior Department/Government Service?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you have any questions about purchasing time?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

**Spouse or Domestic Partner – Information**

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Date of Marriage/Partnership \_\_\_\_\_  
City/State of Marriage/Partnership \_\_\_\_\_  
Is Spouse/Domestic Partner a Department Employee  No  Yes  
If yes, employee # \_\_\_\_\_

**Member’s Divorce History**

Have you ever been divorced?  No  Yes  
If yes, name of prior spouse \_\_\_\_\_

**Member’s Children – Information**

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Relationship \_\_\_\_\_

*\*\*Use an additional page for more than two children.\*\**

**PLEASE TURN THIS FORM INTO THE RETIREMENT PLAN OFFICE (JFB - ROOM 357)**  
**PLEASE DO NOT SUBMIT THIS FORM TO YOUR DIVISION**

***If you have any questions, please call (213) 367-1715. Thank you.***