

**FIREFIGHTERS' PENSION AND RELIEF FUND
FOR THE CITY OF NEW ORLEANS**

3520 General De Gaulle Drive, Suite 3001

New Orleans, Louisiana 70114

Telephone: (504) 366-8102

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**APPLICATION FOR TRANSFER OF YEARS OF SERVICE CREDIT TO THE FUND
FROM ANOTHER PUBLIC RETIREMENT SYSTEM**

I hereby apply to transfer service credits to the Firefighters' Pension and Relief Fund for the City of New Orleans ("Fund") and agree to be bound by the Louisiana Statute establishing the Fund, La. R.S. 11:3361 et seq., and the Rules and Regulations thereunder. I hereby request the Board of Trustees of the Fund ("Board") to determine my eligibility. I understand that this Application will be reviewed by the Board only after my Application file is complete and all requested documentary or other evidence requested by the Board has been furnished.

Please print or type the requested information and return this Application to the Fund office.

A. GENERAL INFORMATION

Name of Firefighter: _____
Last First Middle

Address: _____
Number and Street City State Zip Code

Social Security Number: _____ **Date of Birth:** _____
(Please submit verification of date of birth, e.g. ID card.)

B. PARTICIPANT'S AUTHORIZATION. I hereby request that the following named public retirement system _____ ("Transfer System") transfer to the Firefighters' Pension & Relief Fund for the City of New Orleans ("Fund") all years of all creditable service, all employee and employer contributions, including interest, accumulated in connection with my active membership in the Transfer System. I authorize the Transfer System to provide the Fund with any information that is required by the Fund to complete this transfer of service credits.

C. ELIGIBILITY. In order to be eligible to transfer credits from the Transfer System to the Fund, you must certify that you satisfy all conditions listed below:

I have been a member of the Transfer System for at least six months.

Dates of Service in the Transfer System: _____

I have or will have a membership credit in the Fund at the time the Fund receives the transferred service credit.

Refund of employee contributions. Please check one box.

- I have not previously received a refund of my employee contributions from either the Fund or the Transfer System.
- I have received a refund of my employee contributions; as a result, I must repay my employee contributions plus compounded interest at the actuarial rate approved by Trustees from the date of the refund of my employee contributions until the date of repayment.

D. PARTICIPANT'S ACKNOWLEDGEMENT. Upon receipt of the appropriate information from the Transfer System, the Board of Trustees will make a determination of whether the transfer of your service credit will be approved. Please acknowledge the following:

1. I agree that if the total funds from the Transfer System to the Fund is less than the amount of funds that would have been accumulated under the Fund based on my years of creditable service had I been a member of the Fund, I will pay the funding difference to the Fund or elect to transfer reduced prorated service credits based on the funds actually transferred to the Fund.
2. I agree that if the funds transferred equal to less than one hundred (100%) of the increase in accrued liability to the Fund, I must pay the difference to the Fund.
3. I agree that if I have accumulated free service credits under the Transfer System and wish to transfer them, I must pay the Fund employee and employer contributions that would have been earned during the same period had I been a member of this Fund, plus interest compounded thereon, equal to the actuarial valuation rate approved by the Board of Trustees of the Fund from the date the contributions would have been due until the date paid. I understand that this payment must be made at the time of transfer.
4. I understand that should I retire, or take a deferred retirement from this Fund and then become employed in a position which would make me eligible for membership in the Transfer System, I will not be allowed to become a member of the Transfer System.
5. I agree that in the event that I should die after filing with the Fund this written application for transfer of credits, the Board of Trustees shall complete the transfer of service credit.
6. I understand that at any time prior to completing the transfer of credit to the Fund, I may withdraw my application, but such withdrawal will not be effective without written notification to the Board of Trustees.

I certify that the above information is true and correct to the best of my knowledge and belief.

Date: _____

Signature of Firefighter