

**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  
Fax: (504) 366-8103

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

I hereby apply to transfer service credits from 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 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.

**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.)*

**A. PARTICIPANT'S AUTHORIZATION.**

I hereby request that the Fund transfer to the following named public retirement system \_\_\_\_\_ ("Receiving System") 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 Fund to provide the Receiving System with any information that is required by it to complete this transfer of service credits.

**B. ELIGIBILITY.**

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

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

Dates of Service in the Receiving System: \_\_\_\_\_

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

I have not previously received a refund of my employee contributions from either the Fund or the Receiving System.

I acknowledge that the Fund shall have no future liability after the transfer of credit.

I understand that should I retire, or take a deferred retirement from the Receiving System and then become employed in a position which would make me eligible for membership in the Fund, I will not be allowed to become a member of the Fund.

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

Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Participant**