



Louisiana Clerks of Court Retirement and Relief Fund

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APPLICATION FOR TRANSFER OF CREDITABLE SERVICE

PERSONAL INFORMATION
Name:
Address: Sex: [ ] Female [ ] Male
City: Social Security #:
State: Zip Code: Date of Birth:
Home Number: Employer Parish:
Work Number: Cell Number:

Receiving System: LOUISIANA CLERKS OF COURT RETIREMENT AND RELIEF FUND

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 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, or choose to be granted pro-rated 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 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 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 benefit, based on the creditable service transferred, will be calculated using the retirement percentage factor of the transferring system.

This application for transfer is only valid for ninety (90) days from the date that a member is informed of the cost of the transfer.

TRANSFER FEE OF \$100.00 MADE PAYABLE TO THE LOUISIANA CLERKS OF COURT RETIREMENT AND RELIEF FUND MUST ACCOMPANY THIS APPLICATION.

\_\_\_\_\_
Date

\_\_\_\_\_
Applicant's Signature

DO NOT WRITE BELOW THIS LINE WHEN FILING INITIAL APPLICATION

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

Total Transfer Amount: \_\_\_\_\_

(Date Received)