



LOUISIANA SCHOOL EMPLOYEES'
RETIREMENT SYSTEM

Application for Transfer or Reciprocal Recognition of Service

This application should be received by LSERS at least six months in advance of applying for retirement or DROP. The member must have at least six months of service credit in LSERS to apply for a transfer or reciprocal. If the member is deceased, an eligible survivor may apply for reciprocal recognition on behalf of the deceased.

Section 1 - Member Information

Last Name	First Name	MI	Suffix	Social Security Number
Address (Street/P. O. Box)				Date of Birth (Enter as MM/DD/YYYY) / /
City, State, and Zip Code				Primary Telephone Number
Email Address				Secondary Telephone Number

Section 2 - Transfer, Accrual Rate Upgrade, or Reciprocal Recognition Elections

List the system(s) where the service credit is located. There is no fee required for a reciprocal recognition. To receive a cost to transfer from one (1) system, a non-refundable actuarial fee of \$125.00 is required. If more than one system, remit an additional \$50.00 actuarial fee for each system. Fees may be paid by personal check, cashier's check, certified check, or money order, and made payable to LSERS.

- I request a reciprocal recognition of all service between LSERS and system(s) noted below.
- I request a cost computation for possible transfer of all service and funds to my credit in the system(s) noted below.
- I request a cost computation for accrual rate upgrade for previously transferred service completed on or after 7/1/2013.
- I request a cost computation for **reverse** transfer of previously transferred service from the system(s) noted below. A **reverse** transfer can only be requested upon application for retirement or DROP.

1. Retirement System:

2. Retirement System:

3. Retirement System:

Section 3 - Signature of Member/Applicant

I request the aforementioned election regarding my service credit in the system(s) noted above or I am a survivor applying for reciprocal recognition on behalf of the deceased member listed above.

Signature of Member/Applicant (Do not print or type)	Date Signed (MM/DD/YYYY)
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