

APPLICATION FOR PURCHASE OF CREDITABLE SERVICE

Louisiana R.S. 11:2175 (C)(3)(c)

Name of Applicant _____

Social Security # _____ Date of Birth _____

Mailing Address _____

Daytime Phone Number _____

Date of Retirement _____

I. Total amount of service to be purchased _____ Months _____ Years

II. Indicate which scenario applies to you by checking the appropriate box(s) below:

a.) Retirement eligibility

- Extension of creditable service _____ Months _____ Years
- Early retirement with 20 years of service at 50 years of age
- 30 years of service at any age

b.) BackDROP

- Total amount of time for BackDROP _____ Months _____ Years

c.) Combination of retirement eligibility **AND/OR BackDROP**

- Indicate what type of service or combination of service
_____ Months _____ Years for retirement eligibility
_____ Months _____ Years for BackDROP

Please read the following important information:

Due to their complex nature, these calculations require the service of the Fund's consulting actuary. The cost assessed by the actuary is therefore a \$100 fee for the first scenario and a \$50 fee for each additional scenario(s) requested, utilizing the same projected date of retirement. This fee may be paid by personal check, cashier's check, certified check, or money order made payable to **Sheriffs' Pension & Relief Fund**. **Please include this fee with your application.**

I acknowledge this application to purchase service credit is based on the above selected scenario(s) and I understand calculations for any additional scenario(s) will be an additional fee(s). The Fund's Board of Trustees adopted a policy for members who purchase this service credit to be refunded the fees paid for these calculations.

Applicant's Signature _____

Date of Application _____