On April 25, 2006, the Board of Trustees for the Louisiana Assessors' Retirement Fund authorized the Fund to impose and collect a fee for computation of transfer costs.

Effective April 25, 2006, any member of the Louisiana Assessors' Retirement Fund shall be eligible to receive during his/her lifetime at no cost to the member, one computation of transfer costs. For any additional computations there will be a fee of fifty dollars (\$50.00) each.

APPLICATION FOR TRANSFER OF CREDITABLE SERVICE RS. 11:143

Name of Applicant:	Social Security #
Mailing Address:	Date of Birth: Sex:
	Date of Application:
I. Receiving System: <u>Louisiana Assessors' Retirem</u>	ent Fund
II. Transferring from System:	Parish of:
I request a complete transfer of all creditable service and ap in the above named transferring system to the system I am a the provisions of R.S. 11:143.	
I understand that if total funds transferred do not equal to credit originally been credited under the law governing the the receiving system, or choose to be granted prorated credit compared on a year to year basis. I also understand that percent (100%) of the increase in accrued liability to the resystem.	receiving system, I will be required to pay the difference to dit based on the amount of funds actually transferred, and t if the funds transferred equal to less than one hundred
I understand that should I retire, or take a deferred retireme a position which makes me eligible for membership in the member of such system as per provisions set forth under R.S.	e transferring system, I will not be allowed to become a
I understand that my retirement benefit, based on the cretirement percentage factor of the transferring system.	reditable service transferred, will be calculated using the
I understand that after the transfer is completed, the transfer creditable service transferred.	rring system shall have no future liability with respect to my
This application for transfer is only valid for 90 days from the	date that a member is informed of the cost to transfer.
Appl	icant's Signature
Nam	e of Employer
DO NOT WRITE BELOW THIS LINE W	VHEN FILING INITIAL APPLICATION
AUTHORIZATION	N TO TRANSFER
I hereby authorize completion of the transfer applied for 11:143 to the as required to fund the actuarial liabiliti	Retirement System, and I attach my check for
Signed	Date