APPLICATION FOR TRANSFER OF CREDITABLE SERVICE (R.S. 11:143)

Name of Applicant		SSN
Street Address		Date of Birth
City, State, Zip		Date of Application
I. Receiving	g System	
II. Transferi	ring System	
connection am actively 11:143. I unhave been ce the receiving to be grante understand increase in a receiving system. I unhave no future to the receiving system. I unhave no future to the receiving system. I unhave no future to the receiving system.	with my membership in the above national contributing to. This request is being inderstand that if total funds transferr contributed had all of my credit origing system, I will have to pay the difference of the funds transferred equal less accrued liability to the receiving system. I understand that my retirement will be calculated using the retirement moderstand that after the transfer is course liability with respect to my credit is only valid for 90 days from the tire	rvice and appropriate contributions in amed transferring system to the system I amed under the provisions of R.S. red do not equal the amount that would nally been credited under the governing erence to the receiving system, or choose not of funds actually transferred. I also so than one hundred percent (100%) of the tem, I must pay the difference to the ent benefit, based on the creditable service ent percentage factor of the transferring system shall table service transferred. This application me that a member is informed of the cost
Applicant's	Signature	
Name of En	mployer	
DO NOT V	VRITE BELOW THIS LINE WH	EN FILING INITIAL APPLICATION
AUTHORIZ Check 1: OR	authorize the transfer of all assets Parochial Employees' Retiremen	he transfer applied for above and s and liabilities under R.S. 11:143 to the t System, and I attach my check for ad the actuarial liabilities transferred. years at no cost.
Signature		Date