CERTIFICATION OF OTHER GOVERNMENTAL SERVICE

WATER AND POWER EMPLOYEES' RETIREMENT PLAN
111 North Hope Street, Room 357, Los Angeles, CA 90012
http://retirement.ladwp.com
(213) 367-1695

SECTION I: TO BE COMPLETED BY THE WATER AND POWER EMPLOYEE. (TYPE OR PRINT IN INK)
Please sign and date this section before forwarding the document to your previous Employer/Retirement System.

Last Name | First Name | Middle Initial | Social Security Number | Date of Birth

Mailing Address | City | State | Zip Code

Home Telephone Number | Work Telephone Number | Employee Number | Date of Anticipated Retirement

I hereby authorize the Water and Power Employees' Retirement Plan to obtain any information pertaining to my previous employment, which may be required in connection with my application to purchase prior service credit. I was previously employed by:

Name of Government Agency/Branch of Military Service

Mailing Address | City | State | Zip Code

Telephone Number | Dates of Full-Time Paid Employment

I understand that authorized certification must be provided by the Government Agency/Branch of Military Service so named on this document; and that only after the verification and acceptance of this document will an offer to purchase the indicated period of service be made. I hereby certify that I have not purchased this service credit at any previous place of employment other than the Government Agency or Branch of Military Service indicated above.

Member's Signature | Date

SECTION II* DOES NOT APPLY TO YOU IF YOU ARE CERTIFYING *MILITARY SERVICE.
For Military Service – Please attach a certified copy of your DD214 to this document.

SECTION II: TO BE COMPLETED BY THE PREVIOUS EMPLOYER/RETIREMENT SYSTEM.
Please complete and certify *SECTION II*. Forward the completed document to the Water and Power Employees' Retirement Plan.

(TYPE OR PRINT IN INK) Name of Employer/Agency	Hire Date	Employed Full-Time?	Termination Date	Date(s) of Retirement Membership (if applicable)	Date(s) of Uncompensated Leaves of Absence
		YES☐ NO ☐			TO
		YES☐ NO ☐			TO

If this individual previously withdrew or rolled over his/her contributions and interest, please indicate the date. _____

If this individual has contributions on account, please indicate the amount $ _____

Is this individual eligible to receive retirement, disability or survivor benefits from your system, either now or in the future?

YES☐ NO ☐ If yes, please explain. _____

Is this individual entitled to retirement benefits with some other retirement system as a result of the employment periods included in ***SECTION II*** above? YES ☐ NO ☐ If yes, please explain. _____

CERTIFICATION: I hereby certify that the above information was taken from our official records.

Signature of Retirement Plan Administrator/Retirement System Manager/Employer | Date

Type or Print Full Name | Title | Name of Retirement Plan/System/Employer

Address of Retirement Plan/System/Employer | City | State | Zip Code | Telephone Number