

REQUEST TO RESCIND OR CHANGE RETIREMENT DATE**Use this form if:**

- You change your mind and decide *not* to retire (rescind your retirement) or
- You decide to change your retirement date

This signed request to rescind or change your retirement date must be received at LACERA during normal business hours no later than one business day prior to the date you elected to retire. LACERA's normal business hours are Monday through Friday from 7:00 a.m. to 5:00 p.m.

If your effective retirement date falls on a holiday or weekend, your request to rescind or change your retirement date must be received by the close of business on the last business day prior to the holiday or weekend.

Requests received after the close of business or after your elected retirement date will not be accepted.

Name: _____

Social Security No.: _____

Original Retirement Date: _____

Daytime Phone: _____ Other Phone: _____

Check ONE box to indicate your request: **I WANT TO RESCIND MY ELECTION TO RETIRE**

By making this election I understand:

- I will not be retired on the date I previously elected.
- If I am actively working, I am expected to report for work as normally scheduled.
- Retirement contributions will continue to be deducted from my earnings (if applicable).
- I must submit a new Election to Retire form when I am ready to retire at a later date.

 I WANT TO CHANGE MY RETIREMENT DATE TO A DATE WITHIN 60 DAYS OF TODAY'S DATE*

The new date I elect to retire is: _____.

I understand that by making this election I will not be retired until the date I indicated. If I am actively working, I also understand I am expected to report for work as normally scheduled.

**To elect a retirement date more than 60 days from today's date, you must submit a new Retirement Benefit Estimate and Election Form.*

In the event a LACERA Board of Retirement letter has already been mailed, a rescission or change of date letter will be mailed to your Department within 30 days. **Notify your Department of the change** to prevent any possible interruptions in your active service status.

If you are a reciprocal member, notify the reciprocal agency of the change of your retirement date. Remember, reciprocal members must retire from all agencies concurrently to preserve their reciprocal status.

For questions on your retirement, call **1-800-786-6464** to speak with a LACERA Retirement Benefits Specialist.

Signature: **X** _____ Date: _____

