

REGISTRAR OF VOTERS EMPLOYEES' RETIREMENT SYSTEM

Request for

ACTUARIAL TRANSFER OF SERVICE CREDIT APPLICATION

NAME: _____

PARISH: _____

ADDRESS: _____

CITY/STATE.ZIP: _____

Date of Birth _____

SSN: _____

Place of Employment: _____

I am requesting calculations be drawn up for me to proceed with an Actuarial Transfer of Service

from _____

to the

**REGISTRAR OF VOTERS EMPLOYEES' RETIREMENT SYSTEM
(ROVERS).**

I currently have approximately _____ years of service credit with my previous system.

I understand that I am under NO obligation to complete the Actuarial Transfer if I choose not too

and that I will notify my current system of my decision to either complete the Actuarial Transfer

or keep my service time in the my previous system.

Signature of Member

Date of Signature