

ARKANSAS LOCAL POLICE AND FIRE RETIREMENT SYSTEM (LOPFI) RECIPROCAL SERVICE CREDIT

I, _____ Social Security # _____
(Print Full Name as Shown on Social Security Card) (Last 4 Digits Only)

having credited service in a covered position under LOPFI, do hereby request certification of my reciprocal service credit, as provided under ACA 24-10-507, as amended, in order to provide a benefit payable upon my qualifying for age and service retirement in LOPFI. Members hired on/after July 1, 2013 must have ten (10) years of actual LOPFI service credit to establish reciprocal service credit.

I Have Service Credit in the Following Reciprocal Retirement System(s):

- Arkansas Public Employees Retirement System (APERS)
- Arkansas State Police Retirement System (ASPRS)
- Arkansas Teacher Retirement System (ATRS)
- Arkansas Judicial Retirement System (AJRS)
- Arkansas State Highway Employees Retirement System (ASHERS)
- Arkansas Dept. of Higher Education (ADHE)
- Alternate Retirement Plan as authorized by Arkansas Code
- Name of Alternate Plan _____

Member Signature _____ (Date) _____

Mailing Address _____

Telephone _____

Certification of Reciprocal System

The above named is/was a Member of _____ and has _____ years _____ months
of actual service credit for the period of _____ as an employee of _____

(Retirement System Representative/Date)

Certification of Reciprocal System

The above named is/was a Member of _____ and has _____ years _____ months
of actual service credit for the period of _____ as an employee of _____

(Retirement System Representative/Date)

LOPFI Certification

The above named is/was a Member of LOPFI with _____ years _____ months of actual service credit for the
period of _____ as an employee of _____

(LOPFI Representative/Date)

Send completed original to: (faxes not accepted)

LOPFI

620 W. 3rd, Suite 200
Little Rock, AR 72201-2223

Member Completes

System Representative Only