



Life Insurance Cash Surrender Form

Personal Information				
Name (Full Name)			Last 4 Digits of Social Security Number	
Mailing Address				
Street Address	Unit	City	State	Zip Code
Email Address				
<p>LAPRA Cash Surrender \$1,500 (Retirees Only)</p> <p>A \$1,500 cash surrender benefit is available to retired members* with 25 or more years of membership.</p>				
<p><i>*To be considered a retired member, your retirement must have been approved by the Los Angeles Fire and Police Pensions at the time of your separation from the LAPD.</i></p> <p>FOR and in CONSIDERATION of the sum indicated above to me in hand paid by the Los Angeles Police Relief Association Inc., the receipt whereof is hereby acknowledged. I hereby surrender all rights which I, (and/or anyone claiming under, by of through me) now have or may hereafter have or claim to have, in and to any benefits, claims or demands, of any kind or nature so ever against said Association or its successor, and I hereby terminate my membership in said Association and forever discharge and absolve said Association of all obligations moving to me and/or to anyone else on account of said membership. I understand that a portion of the sum indicated above may be considered taxable income.</p>				
Member Signature:				
			Date	

<p>www.LAPRALive.org </p> <p>Access the LAPRALive self-service website to:</p> <ul style="list-style-type: none"> • Update personal information • Update beneficiary designations • View current benefits • Access forms • Enroll in your benefits • More 	<p>Go to www.lapralive.org</p> <p>First time users must register on the site. Click on REGISTER and use LAPRA for Company Key.</p>	
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Questions?

Contact a Benefits Service Representative by sending an email to benefits@lapra.org or call 888.252.7721.