



LOS ANGELES FIREMEN'S RELIEF ASSOCIATION

PO BOX 41903, LOS ANGELES, CA 90041

(800) 244-3439 (323) 259-5200

www.lafra.org

APPLICATION FOR TRUST PREPARATION ADVANCEMENT

MEMBER INFORMATION

FULL NAME (FIRST, MIDDLE, LAST)		LAST FOUR DIGITS OF SSN		BIRTH DATE <small>MO - DY - YEAR</small>
ADDRESS		CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL ADDRESS		
STATUS <input type="checkbox"/> ACTIVE Assignment _____ <input type="checkbox"/> RETIRED		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> DOMESTIC PARTNER		

ADVANCEMENT AMOUNT NEEDED	\$
---------------------------	----

REASON FOR ADVANCEMENT

By signing and submitting this Application for Trust Preparation Advancement, the Member certifies that 1) the information contained herein is true and accurate to the best of the Member's knowledge; 2) the Member agrees to repay the full amount of the Trust Preparation Advancement within one year via, payroll or pension check deductions (increments determined by amount received). Members may pay off balance in full early via check or credit card.

_____ **Member Signature** _____ **Date**

_____ **Spouse/Domestic Partner Signature** _____ **Date**

OFFICE USE ONLY

_____ COMMITTEE MEMBER SIGNATURE (1) _____ COMMITTEE MEMBER SIGNATURE (2) _____ COMMITTEE MEMBER SIGNATURE (3)

COMMITTEE APPROVAL DATE	BOARD APPROVAL DATE	AMOUNT APPROVED
-------------------------	---------------------	-----------------

TERMS: