

**DEDUCTION AUTHORIZATION AGREEMENT**

AGENCY CODE 63	AGENCY NAME FOR PAYMENTS Credit Union of Southern California			
RETIREE NAME (LAST, FIRST)				SOCIAL SECURITY NO.
<input type="checkbox"/> NEW	<input type="checkbox"/> CANCEL	<input type="checkbox"/> CHANGE	OLD AMOUNT	NEW AMOUNT

I hereby authorize the Los Angeles County Employees Retirement Association (LACERA) to start, change, or cancel a monthly deduction from my retirement warrant in the amount shown above, and to pay or cancel payment of that amount to the proper agent designated above or a payee designated by the agent. This authorization cancels and replaces any prior authorization and will remain in effect until I submit a change in writing or as otherwise provided in this agreement.

If all or any portion of this authorized deduction includes insurance premiums and/or organization dues, I authorize LACERA to adjust the amount of this deduction from time to time without prior notice as may be required to comply with dues or premium changes made in accordance with the terms of the program offered by the agent named above, existing contracts, organization constitutions, charters, bylaws, or other applicable legal requirements. However, I understand that if any change is the result of adding or deleting services offered by the agent named above, LACERA will require a new Deduction Authorization Agreement and will discontinue deductions unless and until the new signed agreement is received.

I understand and agree that LACERA, or any other disbursing officer, acting under this authorization shall not be held liable in any manner for failure or delay in making the deductions or payments here authorized, nor be held responsible for any loss sustained by me due to their failure or delay in making such deductions or payments. I further understand that LACERA has no liability for and does not warrant or guarantee the services provided by any payee.

Please place your initials next to the deduction type(s) you are authorizing to start, change, or cancel.

Please initial for all types that apply for this authorization.

Category 1 Deductions:

- ____ (1) Paying premiums on any policy or certificate of group life insurance or group disability insurance issued by an admitted insurer.
- ____ (2) Paying premiums for a prepaid group medical or hospital service plan.
- ____ (3) Paying premiums for a vision care program or dental plan, approved by the board, for the benefit of the retired member or his or her dependents.
- ____ (4) Paying premiums on national service life insurance or United States government converted insurance.

Category 2 Deductions:

- ☐ (5) Payment for the purchase of shares in or the payment of money to any regularly chartered credit union.
- ____ (6) Payment to a charitable organization or a federally chartered veterans' organization that is approved by the board.
- ____ (7) Payments to a recognized retiree organization.
- ____ (8) Payment for the purchase of United States savings bonds.
- ____ (9) The payment of personal income taxes to the government of the United States or the State of California.

Category 3 Deductions:

____(10) Payment for any retiree benefit programs available through a recognized retiree organization; e.g., pet insurance, travel insurance, legal aid services, and auto repair insurance.
If you checked this box, please indicate which retirement organization is sponsoring these benefits (i.e. CRCEA, RELAC, SEIU 721, etc.) _____

Authorization to Share Address Information

☐ By checking this box and initialing, I authorize LACERA to provide my name, address, telephone number, and email with the above-named agency and any agency listed in Item (10) above for the duration of this authorization.

I understand and acknowledge that under California Government Code CERL Section 31452.5(a), the Board of Retirement is authorized to allow deductions to be made from my retirement warrant for the purpose of paying a third party for the services listed under Category 1 or Category 2. I further understand and acknowledge that CERL specifies that for the services listed under Category 3, deductions can be withheld and paid to a third party for other supplemental benefits **only if those benefits are offered by a recognized retiree organization**. Expenses not eligible for deduction from my retirement warrant must be paid separately by me or by other means and failure to make separate arrangements may jeopardize my ability to receive those benefits.

I understand any deductions authorized under Category 3 will be terminated if the agreement between the sponsoring retirement organization and the third-party administrator is terminated.

This authorization is subject to the laws of the State of California without regard to its conflict with laws and provisions, and I consent to subject matter and personal jurisdiction in the courts in Los Angeles County, California, as the exclusive venue for resolution of all disputes hereunder.

SIGNATURE	DATE / /
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