



Los Angeles Police Retirement Benefit and Insurance Association, Inc.

MEMBER DEDUCTION AUTHORIZATION FORM

Member Name	Last 4-digits of SSN
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By selecting "I Agree" I hereby authorize the Controller, City of Los Angeles or the City of Los Angeles Dept. of Fire and Police Pensions to deduct from my salary, wages or pension check the remittance to the Los Angeles Police Retirement Benefit and Insurance Association, Inc. (RB&I) for the applicable bi-weekly or monthly dues, insurance premiums and any advancements due and payable to RB&I. I also authorize RB&I to instruct the Controller, City of Los Angeles, or the City of Los Angeles Dept. of Fire and Police Pensions on my behalf to increase or decrease such payroll deductions in an amount equal to any increase or decrease in the applicable bi-weekly or monthly dues, insurance premiums and any advancements due to RB&I. This authorization shall be effective until canceled by me or RB&I.

Member Signature:	Date:
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**Your paycheck will only be deducted for RB&I.*

Active - City of Los Angeles	Retired - LA Retired Fire & Police Pensions
RBI DUES	RBI DUES