

# 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 (ARTRS)
- Arkansas Judicial Retirement System (AJRS)
- Arkansas State Highway Employees Retirement System (ASHERS)

Member Signature \_\_\_\_\_ (Date) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**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:

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

Member Completes

System Representative Only