

**City Of La Habra
Wire Transfer Transactions**

Wire Date	Vendor	Description of payment	GL Account #	Amount
01/31/24	Public Agency Retirement Services (PARS)	Post-Employment Benefits Trust Contribution	113000-1118	\$ 4,000,000.00

Wire Transfer Total: \$ 4,000,000.00

File Total:	\$	4,000,000.00	(1) Signature: _____
Prepaid Total:	\$	-	(2) Signature: _____
Total Due:	\$	4,000,000.00	Date Approved: _____

CONTRIBUTION TRANSMITTAL FORM POST-EMPLOYMENT BENEFITS TRUST

From: City of La Habra

Agency Name (hereafter, the "Agency")		Trust Account Number	
110 E. La Habra Blvd	La Habra	CA	90631
Address	City	State	Zip Code

To: PARS (Public Agency Retirement Services)
4350 Von Karman Avenue, Suite 100, Newport Beach, CA 92660
trust@pars.org • (800) 540-6369, ext. 106 • Fax (877) 314-8987
Phillip Muschetto, Vice President, Accounting

(To be completed by the Agency)

Date: January 25, 2024

The following contribution for the Pension account was made to the Plan via check, ACH, or wire as indicated below:

Pension:

Check/ACH/Wire Date: January 31, 2024	Check/ACH/Wire Number:
Total Contribution Amount: \$4,000,000	

PLAN ADMINISTRATOR (OR AUTHORIZED DESIGNEE) APPROVAL:

As the Agency's appointed Plan Administrator (or Authorized Designee of the Plan Administrator), I hereby acknowledge that these contributions should be invested per the strategy selected as indicated in the Agency's PARS Public Agencies Post-Employment Benefits Trust Adoption Agreement, Section A.4.2. If the Agency would like these contributions to be invested differently, I will contact PARS prior to submitting this Contribution Transmittal Form.

Signature of Plan Administrator (or Authorized Designee)

City Manager

Title

Date

1/25/24

562-383-4010

Phone Number