

**City Of La Habra  
Wire Transfer Transactions**

<b>Wire Date</b>	<b>Vendor</b>	<b>Description of payment</b>	<b>GL Account #</b>	<b>Amount</b>
02/03/26	Public Agency Retirement Services (PARS)	Post-Employment Benefits Trust Contribution	100000-11101	\$ 373,139.00

**Wire Transfer Total:   \$           373,139.00**

File Total:       \$                           **373,139.00**

(1) Signature: \_\_\_\_\_

Prepaid Total:   \$                           -

(2) Signature: \_\_\_\_\_

Total Due:       \$                           **373,139.00**

Date Approved: \_\_\_\_\_

**CITY OF LA HABRA**

Wire / Electronic Transfer of Funds

TODAY'S DATE: January 22, 2026

**ORIGINATING BANK - NAME & ADDRESS:**

BMO  
La Habra Office  
1330 S. Beach  
La Habra, Ca. 90631

REQUESTED DATE OF TRANSFER: February 3, 2026

**ORIGINATING BANK - WIRE FUNDS FROM THE FOLLOWING ACCOUNT:**

Account Name: City of La Habra - General Account  
Account Number: 657018057  
Amount: \$373,139.00  
Amount in Words: Three Hundred and Seventy-three Thousand One Hundred and Thirty-nine Dollars and no cents

**WIRE FUNDS TO THE FOLLOWING:**

Name of Bank: US Bank N.A. Minnesota  
Address: \_\_\_\_\_  
City, State, Zip Code: Saint Paul, MN 55107  
Phone Number: \_\_\_\_\_  
Wire Routing (ABA) Number: 091 000 022 (nine digit #)

**WITH FINAL CREDIT OF FUNDS TO:**

Name: US Bank IT&C  
Account #: 104790895775  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Reference: \_\_\_\_\_  
City of La Habra  
FFC Account number: 6746050100  
PARS Public Agency Post-Employment Benefits Trust

**DESCRIPTION FOR WIRE TRANSFER:**

Wire money to PARS to fund the Post-employment Benefits Trust account in accordance with Section 115 of the Internal Revenue Code.

**WIRE / ELECTRONIC TRANSFER AUTHORIZED BY:**

  
Assistant City Manager

  
Deputy Director of Finance

*For Use by the City of La Habra*

Originating / Receiving Bank:	Date & Time Called:	Confirmation #:	Contact Person:	Finance Staff Initials
BMO				
US Bank N.A. Minnesota				

Account Distribution	Amount
To Account # 100000-11101	\$373,139.00
From Account # 99900-10101	(\$373,139.00)

## CONTRIBUTION TRANSMITTAL FORM POST-EMPLOYMENT BENEFITS TRUST

From: City of La Habra

6746050100

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: 01/22/2026

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:	Check/ACH/Wire Number:
02/03/2026	
Total Contribution Amount:	
\$373,139.00	

**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.



01/22/2026

Signature of Plan Administrator (or Authorized Designee)

Date

Assistant City Manager for Jim Sadro, City Manager 562-383-4012

Title

Phone Number