

DISTRICT ATTORNEYS' RETIREMENT SYSTEM
2525 Quail Drive
Baton Rouge, Louisiana 70808

CHANGE OF BENEFICIARY FORM

State of Louisiana
Parish of _____

KNOW THAT ALL MEN BY THESE PRESENTS:

THAT I, the undersigned, do hereby designate, _____
(Name of Beneficiary)

whose address is _____ and whose relationship to me
is that of _____, and whose date of birth is _____
as the beneficiary to whom I request the Board of Trustees of the District Attorneys' Retirement System
to pay, in the event of my death before retirement, the total amount of the accumulated contributions
standing to my credit in the retirement system.

I understand that this designation supersedes, and renders null and void, the designation of
_____ as my beneficiary, under this date of _____.

(Signature)

WITNESSES:

BEFORE ME, the undersigned authority personally came and appeared: _____

_____ who declared me, Notary, in the presence of the above and hereunder
subscribed competent witnesses, that he signed the above and foregoing designation of beneficiary, as
his own free act and deed, for the use and purposes herein set forth.

DONE AND SIGNED IN THE CITY OF _____, the State of Louisiana, this
_____ day of _____, 20 _____.

WITNESSES:

NOTARY _____