

**Louisiana District Attorneys' Retirement System**  
**Application for Retirement/Back-Deferred Retirement Option Plan (Back-DROP)**

**Member Information**

Name:		Social Security Number:	
Home Address:		Gender:	Male      Female
City:	State:	Zip:	Date of Birth:
Home Phone:	Cell Phone:	Email Address:	
Office/Parish Last Employed		Marital Status:    Single    Married    Divorced*	
Effective Date of Retirement:		Last Date of Active Service: (Last date on payroll)	

**Selection of Benefit (Choose One)**

<input type="checkbox"/>	Regular Retirement (No Lump Sum)	<input type="checkbox"/>	Back-DROP Benefit
<input type="checkbox"/>	Early Retirement (No Lump Sum)	Number of Months of Back-DROP _____	

**Selection of Retirement Option (Choose One)**

<input type="checkbox"/>	Maximum Plan—Maximum allowance payable during life but does not provide for a monthly benefit to be paid to a named beneficiary after the retiree's death.
<input type="checkbox"/>	Option 1—Reduced allowance payable throughout life with the provision that if the retiree dies before he has received in annuity payments the value of the participant's annuity as it was at the time of his retirement, the balance shall be paid to his legal representatives or to such person as he shall nominate by written designation duly acknowledged and filed with the Board.
<input type="checkbox"/>	Option 2—Reduced allowance payable throughout life with the provision that upon death of the retiree, the reduced retirement allowance shall be continued throughout the life of and paid to such person as he shall have nominated by written designation duly acknowledged and filed with the Board of Trustees at the time of his retirement.
<input type="checkbox"/>	Option 3—Reduced allowance payable throughout life with the provision that upon death of the retiree, one-half of the reduced retirement shall be continued throughout the life of and paid to such person as he shall have nominated by written destination duly acknowledged and filed with the Board of Trustees at the time of his retirement.
<input type="checkbox"/>	Option 4—Reduced allowance payable throughout life with the provision that some other benefit or benefits shall be paid either to the participant or to such person or persons as he shall have nominated provided such other benefit or benefits, together with the reduced retirement allowance, shall be certified by the actuary to be equivalent actuarial value to his retirement allowance and approved by the Board. <b>Requested Monthly Beneficiary Amount: \$</b> _____

No optional selection shall be effective if a retiree dies within thirty days after retirement, in such instance a retiree shall be considered as an active member at the time of death (see R.S. 11:1637).

**Spousal Consent Affidavit (Notary Required)**

State of Louisiana, Parish of \_\_\_\_\_ . On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally came and appeared \_\_\_\_\_, who after being duly sworn did depose and state as follows:  
 I acknowledge that I am fully aware that my spouse, \_\_\_\_\_, has chosen the following retirement option through the District Attorneys' Retirement System (check one):

<input type="checkbox"/>	The maximum benefit allowance
<input type="checkbox"/>	Retirement Benefit Option No. ____ . I have read the above option, and I fully understand it.

This election is made with my full knowledge and consent.

Affiant's Signature: \_\_\_\_\_ Affiant's Social Security Number: \_\_\_\_\_  
 Notary Public: \_\_\_\_\_ Notary ID #: \_\_\_\_\_  
 Notary Public Printed Name: \_\_\_\_\_

**Beneficiary Information**

I hereby designate the below named person as my beneficiary to receive benefits as chosen in the SELECTION OF RETIREMENT PLAN OPTION section above. I understand that I cannot change the option beneficiary or the option selected after the effective date of retirement.

Name:		Social Security Number:	
Home Address:		Gender:	Male      Female
City:	State:	Zip:	Date of Birth:
Home Phone:	Cell Phone:	Email Address:	
Relationship to Member:	Spouse <input type="checkbox"/>	Child <input type="checkbox"/>	Other <input type="checkbox"/>

**Beneficiary Information**

I hereby designate the below named person as my beneficiary to receive a refund of my Back-DROP lump sum if I die prior to payment of the lump sum amount. I understand that if I do not specify a beneficiary for this purpose, the beneficiary listed above in the Spousal/Beneficiary Information section will be deemed the beneficiary for this purpose also.

Name:		Social Security Number:	
Home Address:		Gender:	Male      Female
City:	State:	Zip:	Date of Birth:
Home Phone:	Cell Phone:	Email Address:	
Relationship to Member:	Spouse <input type="checkbox"/>	Child <input type="checkbox"/>	Other <input type="checkbox"/>

**Reemployment Restrictions**

By my signature on this application for retirement I hereby acknowledge that I am aware that if I am reemployed as an employee by any district attorney in the state, my retirement benefit shall be suspended during said employment, and I shall not be paid any benefits for the period covered by such employment unless I meet exception requirements of R.S. 11:1631(F)(2). I further acknowledge and consent that any DARS benefits paid in violation of R.S. 11:1631(F)(1) are subject to recapture by DARS prior to payment of any benefits due.

**Member Signature (Notary Required)**

State of Louisiana, Parish of \_\_\_\_\_ . On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

personally came and appeared \_\_\_\_\_, who made oath that the statements made above are true.

Signature of Applicant: \_\_\_\_\_

Notary Public: \_\_\_\_\_ Notary ID #: \_\_\_\_\_

Notary Public Printed Name: \_\_\_\_\_

**Please attach a copy of the applicant's current driver's license or other form of valid government identification.**

**\*A copy of your community property settlement addressing your DARS retirement benefit is required for divorced applicants.**

**Certificate of Eligibility (to be completed by DARS)**

Date Application received \_\_\_\_\_

Approved by Board of Trustees \_\_\_\_\_

Amount of \$ \_\_\_\_\_ \$ \_\_\_\_\_

                  No Option      Option # \_\_\_

Amount of \$ \_\_\_\_\_ \$ \_\_\_\_\_

                  No Option      Option # \_\_\_