

DISTRICT ATTORNEYS' RETIREMENT SYSTEM PERSONAL HISTORY FORM

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TO: BOARD OF TRUSTEES
DISTRICT ATTORNEYS' RETIREMENT SYSTEM OF LOUISIANA
2525 QUAIL DRIVE
BATON ROUGE, LA 70808

In accordance with Act No. 56 of 1956, I herewith submit my Personal History as a member of the District Attorneys' Retirement System of Louisiana. **PLEASE PRINT CLEARLY OR TYPE ONLY.**

1		6	Place of Birth (city, state)	Member Date of Birth		
	First Name Middle/Maiden Name Last Name			Month	Day	Year
2	Mailing Address:	7	Beneficiary Information			
			Name	Relation	DOB (MM/DD/YYYY)	
			1. _____			
			2. _____			
	Phone Number(s):		3. _____			
			4. _____			
	Email Address:		Date of Membership/ADA Commission (Attach documentation of oath/commission.)			
4	Gender: (check one) Male () Female ()	8	Payroll Payment Sources (DA budget (JD#), warrant, IVD, "x" parish police jury, etc.)			
			This section must be completed by the employer.			
5	Marital Status: (check one) Single () Married () Widowed () Divorced ()	9	Member Social Security Number:			

10 DESIGNATION OF BENEFICIARY

I do hereby designate _____, whose address is _____
(Give full name of beneficiary)
_____ and whose relationship to me is that of _____
(Give address of beneficiary)

as beneficiary to whom I request the Board of Trustees of the District Attorneys' Retirement System of Louisiana pay, in the event of my death before retirement, the total amount of the accumulated contributions and death benefit, if any, standing to my credit in the Retirement System.

I hereby authorize the Board of Trustees of the Retirement System to make payment to the beneficiary whom I have above nominated and agree on behalf of myself and my heirs and assigns that payment so made shall be a complete discharge of the claim and shall constitute a release of the System from any further obligation on account of the benefit I hereby direct that, should I survive the before mentioned beneficiary, the amount which otherwise would have been payable to the beneficiary shall be paid to my estate, or to such other beneficiary as I shall hereafter nominate by written designation filed with the District Attorneys' Retirement System of Louisiana in accordance with the rules and regulations prescribed by the Board of Trustees.

11 INSTRUCTIONS

- GENERAL Complete in ink. Print or type only. Return original to employer. The employer will forward the original to DARS.
ITEM 1 Print full legal name. If no middle name, write the word "None."
ITEM 10 Be sure to list one name from Item 7. May be changed at any time by letter to the System.

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT 8% OF MY MONTHLY COMPENSATION WILL BE DEDUCTED AND CREDITED TO MY ACCOUNT IN THE RETIREMENT SYSTEM.

Signature of Member: _____ Date: _____

Signature of Witness: _____ Signature of Witness: _____

AFTER REVIEWING THE FORM, SIGN YOUR NAME IN THE PRESENCE OF TWO WITNESSES.