

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

Member Information

Name:		Social Security Number:	
Home Address:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
City:	State:	Zip:	Date of Birth:
Home Phone:	Cell Phone:		Email Address:
Office/Parish Employed:		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	
Effective Date of Retirement:		Last Date of Active Service:	

Selection of Benefit (Choose Only One)

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

Selection of Retirement Plan Option (Choose Only One)

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.

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.

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.

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.

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. Requested Monthly Beneficiary Amount: _____

No option shall become effective until thirty (30) days after application for retirement and no change in options selected shall be permitted after the application has been officially filed with the Board or payment rendered.

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):

- The maximum benefit allowance
- 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 #: _____

