

## REQUEST FOR BENEFIT ESTIMATE

**LOUISIANA DISTRICT ATTORNEYS' RETIREMENT SYSTEM  
2525 QUAIL DRIVE  
BATON ROUGE, LOUISIANA 70808  
(225)267-4824**

<b>Member Name</b>		<b>Date</b>	
<b>Home Address</b>			
<b>SSN</b>			<b>Telephone No.</b> Home ( ) -
			Cell ( ) -
<b>Email address</b>			<b>Member Date of Birth</b>
<b>Estimated Retirement Date (LIST ONLY ONE DATE)</b>			<b>Beneficiary DOB</b>
			<b>Relationship to Member</b>

<b>Check all that Apply:</b>		I am currently an active employee with a District Attorney's office, LDAA, or DARS.
		I am no longer working for a District Attorney's office, LDAA, or DARS.
		I request that my estimate(s) be processed by DARS Staff at <b>no-cost</b> .
		I request that my estimate(s) be processed by the DARS Actuary at a cost of approximately <b>\$200 per estimate</b> . I understand that prepayment is required; my check for \$200 per estimate, made out to DARS, is attached. I further understand that if costs exceed \$200, additional payment will be required.

**Estimates will be determined using the member's approximate fiscal or calendar year salary.**

**ESTIMATES REQUESTED: PLEASE CHECK ALL THAT APPLY**

	Regular retirement: Maximum Benefit (no beneficiary benefit upon death of member)
	Regular retirement: Option 1 (beneficiary* receives remaining account balance at death of the member) <b>(Note: This option estimate must be completed by the DARS actuary at cost to the member.)</b>
	Regular retirement: Option 2 (beneficiary* receives same member benefit upon death of member)
	Regular retirement: Option 3 (beneficiary* receives 50% of benefit upon death of member)
	Regular retirement: Option 4 (beneficiary* benefit amount designated by the member at the time of retirement) <b>(Note: This option estimate must be completed by the DARS actuary at cost to the member.)</b>
	Early Retirement (55 – 59 years of age and 18-23 years of service)
	Back DROP: _____ number of months (maximum of 36)

**By signing this document, I hereby acknowledge that this is an estimate provided for informational purposes only and in no way constitutes a contract between myself and DARS. I further acknowledge that the Louisiana Revised Statutes and Constitution, relevant Federal Regulations and Laws, as well as the official DARS Board policies shall serve as the guide to payment of benefits to members participating in DARS. I understand that prior to retirement all figures will be confirmed by the DARS actuary. I understand that estimates may take up to six weeks to process.**

\_\_\_\_\_  
**Member Signature**

\_\_\_\_\_  
**Date**

\* IRS age restrictions may impact the benefit of a non-spouse beneficiary.