

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

CHANGE OF DROP/BACK DROP 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, the total amount of my Deferred Retirement Option Program (DROP) or Back- Deferred Retirement Option Program (Back DROP) account.

I understand that this designation supersedes, and renders null and void, the designation of _____ as my beneficiary, under this date, the _____ day of _____, 20_____.

WITNESSES:

Member Signature

SPOUSAL CONSENT

BEFORE ME, the undersigned notary public, personally came and appeared:

_____ who declared before me, Notary, in the presence of the below subscribed competent witnesses, that he/she understands the above signed change in designation of beneficiary and it is being executed with his/her full knowledge and consent.

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

NOTARY PUBLIC

Notary #: _____

My commission expires: _____

WITNESSES:
