

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

DARS provides ONE free estimate per twelve-month period for members within three years of eligibility for normal retirement. If you have already had an estimate within this period or are not within three years of retirement, estimates may only be done by the system actuary, at a cost to the member.

| | | | |
|--|--|--------------------------------|------------------|
| Member Name | | Date | |
| Mailing Address | | | |
| SSN | | Telephone No. | Home Cell |
| Email address | | Member Date of Birth | |
| Estimated Retirement Date (List only ONE date.) | | Beneficiary DOB | |
| | | Relationship to Member* | |

| | | |
|------------------------------|--------------------------|--|
| Check all that Apply: | <input type="checkbox"/> | I am currently an active employee with a District Attorney's office, LDAA, or DARS. |
| | <input type="checkbox"/> | I am no longer working for a District Attorney's office, LDAA, or DARS. |
| | <input type="checkbox"/> | I request that my estimate(s) be processed by DARS Staff at no-cost . I am within 3 years of retirement eligibility and have not requested an estimate this calendar year. |
| | <input type="checkbox"/> | I request that my estimate(s) be processed by the DARS Actuary at a minimum cost of approximately \$250 for one estimate , and an additional \$200 for each additional estimate scenario. I understand that prepayment is required; my check, made out to DARS, is attached. I further understand that if costs exceed my prepaid amount, additional payment will be required before proceeding. Please note checking multiple boxes in the sections below could be considered additional scenarios and warrant additional cost. Annualized current annual salary will be used as all future salary amounts for estimate purposes. Current Annual Salary: \$ _____ |

Free estimates will be calculated using the member's approximate fiscal or calendar year salary.

Type of Retirement (Check one)

Regular Retirement Early Retirement (55 – 59 years of age and 18-23 years of service)

Back-DROP (Check all that apply)

No Back-DROP With _____ Months of Back-Drop
(maximum of 36 months)

Option Factors (Check all that apply)

Maximum Benefit (no beneficiary benefit upon death of member)

Option 1 (beneficiary* receives present value of remaining account balance at death of the member) **(Note: Estimate will include the benefit paid to the number, but not the payout figure upon the member's death)**

Option 2 (beneficiary* receives same member benefit upon death of member)

Option 3 (beneficiary* receives 50% of benefit upon death of member)

Option 4 (beneficiary* benefit amount designated by the member at the time of retirement) **(Note: This option estimate must be completed by the DARS actuary at cost to the member.)**

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 negatively impact the benefit of a non-spouse beneficiary