

Louisiana District Attorneys' Retirement System
Application for Supplemental Retirement Benefit
2525 Quail Drive, Baton Rouge, LA 70808; Phone: (225)267-4824

Retiree Information

Name: _____

Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Last Date of Active Service: _____
(Last date on payroll)

Office/Parish Last Employed: _____

Please provide a copy of the following along with your application:

- 1. Driver's license or other form of identification.**
- 2. Termination of Employment Certification Form, signed by your employer.**
- 3. Updated electronic deposit form.**
- 4. Updated W-4P for federal withholding.**

District Attorneys' Retirement System

EMPLOYMENT TERMINATION CERTIFICATION

(To Be Completed By Employer)

Member:

DA's Office:

Current Date:

EMPLOYMENT INFORMATION

Start Date:

Termination Date (final day working or on paid leave):

Final Paycheck Date:

Final Annual Salary From All Sources of Pay:

Child Support/IVD Employee?

_____ Yes _____ No

Any Known Dates of Leave Without Pay:

Employer Signature: _____

DISTRICT ATTORNEYS' RETIREMENT SYSTEM

2525 Quail Drive
Baton Rouge, LA 70808
Telephone (225) 267-4824 Fax (225) 612-7117

**APPLICATION/AUTHORIZATION FOR ELECTRONIC DEPOSIT
OF RETIREMENT BENEFITS**

I hereby authorize the District Attorneys' Retirement System, hereinafter called **THE SYSTEM**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error in my account (select one)

Checking

Savings

indicated below and the depository (bank) named below, hereinafter called **DEPOSITORY**, to credit and/or debit the same to such account.

DEPOSITORY (BANK) NAME: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BANK TRANSIT/ABA #: _____ MY ACCOUNT #: _____

This authority is to remain in full force and effect until **THE SYSTEM** has received written notification from me of its termination I such time and in such a manner as to afford **THE SYSTEM** and the **DEPOSITORY** a reasonable opportunity to act on it.

NAME: _____ SOCIAL SECURITY #: _____
(Please Print)

SIGNATURE: _____ DATE: _____

CONTACT NUMBERS (RES): _____ (RELATIVE) _____

VERY IMPORTANT!!

***** (ATTACH CHECK OR DEPOSIT SLIP HERE) *****

IN ORDER FOR THIS APPLICATION TO BE ACCEPTED AND TO CONFIRM ACCOUNT NUMBERS, IT IS NECESSARY THAT WE HAVE THE FOLLOWING:

FOR CHECKING – A “VOIDED” CHECK FROM YOUR PERSONAL CHECKBOOK WHICH MUST INCLUDE YOUR **PREPRINTED** PERSONAL INFORMATION, I.E. ACCOUNT NAME, ADDRESS, ETC.

FOR SAVINGS – A “DEPOSIT SLIP” WITH **PREPRINTED** ACCOUNT INFORMATION.

*****NECESSITY*****

A **POWER-OF-ATTORNEY** IS REQUIRED ON ACCOUNTS WITH SIGNEES OTHER THAN THE MEMBER AND HIS/HER SPOUSE (Please send with this application. These forms will be provided for your convenience upon request).