

Louisiana District Attorneys' Retirement System

2525 Quail Drive

Baton Rouge, Louisiana 70808

(225)267-4824

Surviving Beneficiary Information

Name:		Social Security Number:
Address:		Date of Birth:
City:	State:	Zip:
Home Phone:		Cell Phone:
		Retiree Date of Death:

Beneficiary Signature (Notary Required)

State of Louisiana, Parish of _____. On this ____ day of _____, 20____, personally came and appeared _____, who made oath that the statements made above are true.

Signature of Beneficiary: _____

Notary Public: _____ Notary ID #: _____

Notary Public Printed Name: _____

Other Documentation

- 1. A copy of your valid driver's license or other form of government issued identificaion.**
- 2. Retiree Death Certificate**
- 3. W4P (needed in order to withhold federal income taxes; optional)**
- 4. Electronic Deposit Form**

For DARS Use Only

Date Application received _____

Approved by Board of Trustees _____

Amount \$ _____

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).