



District Attorneys' Retirement System

APPLICATION FOR RECIPROCAL RECOGNITION OF SERVICE UNDER R.S. 11:142

PART I:

Name of Applicant:

Social Security Number:

Mailing Address:

City:

State:

Zip Code:

Email:

Date of Application:

System Actively Contributing to: District Attorneys' Retirement System

Reciprocating system(s) in which member currently holds creditable service:

I request reciprocal recognition of my creditable service currently held in the above named retirement system(s) under R.S. 11 :142 and the rules and regulations adopted by the above retirement system(s). A copy of R.S. 11: 142 may be obtained from the system in which the applicant is currently enrolled. Applicable retirement system rules and regulations may be obtained from each system named above, upon request. Applicants are urged to read them and obtain explanations, if needed.

Signature of Applicant:

PART II:

APPROVED BY:

System: _____

Signature of Official:

Title of Official:

Date:

System: _____

Signature of Official:

Title of Official:

Date:

System: _____

Signature of Official:

Title of Official:

Date: