

District Attorneys' Retirement System

BENEFICIARY DESIGNATION

SECTION 1: MEMBER'S INFORMATION (Application Must Be Completed in Full)

Must attach Driver's License & Social Security Cards for Member & Spouse. Attach current marriage license & divorce decree(s) for member if applicable.

Name	Date of Birth	Social Security Number
Current Mailing Address	City	State Zip Code
Email	Phone	
Spouse's Name	Spouse's Date of Birth	Spouse's Social Security Number
SECTION 2: BENEFICIARY DESIGNATION		
Full Name of Beneficiary		
	Percent A (If Multip	
Relationship	Social Security No.	Date of Birth
Full Name of Beneficiary		
	Percent A (If Multip	
Relationship	Social Security No.	Date of Birth
Full Name of Beneficiary		
	Percent Allocation (If Multiple)	
Relationship	Social Security No.	Date of Birth
Full Name of Beneficiary		
	Percent / (If Multip	Allocation ble)
Relationship	Social Security No.	Date of Birth
SECTION 3: MEMBER SIGNATURE I, the above named member, understand that this form super		
make payment to the beneficiaries listed above, unless benefi 11 of the Louisiana Revised Statutes Member Signature	and the Board of Trustees of the District Attorn	
	Date	

RETAIN A COPY FOR YOUR RECORDS

10/2024

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