



# District Attorneys' Retirement System

## DROP AND BACKDROP 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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Current Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Phone		
<input type="text"/>	<input type="text"/>		
Spouse's Name	Spouse's Date of Birth	Spouse's Social Security Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

### SECTION 2: DROP AND BACKDROP BENEFICIARY DESIGNATION

Full Name of Beneficiary	<input type="text"/>	Percent Allocation (If Multiple)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Social Security No.	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name of Beneficiary	<input type="text"/>	Percent Allocation (If Multiple)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Social Security No.	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name of Beneficiary	<input type="text"/>	Percent Allocation (If Multiple)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Social Security No.	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name of Beneficiary	<input type="text"/>	Percent Allocation (If Multiple)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Social Security No.	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

### SECTION 3: MEMBER SIGNATURE

I, the above named member, understand that this form supercedes all previous beneficiary designations. I hereby authorize the Board of Trustees of DARS to make payment to the beneficiaries listed above, unless benefits are payable to a surviving spouse in accordance with rules and regulations prescribed by Title 11 of the Louisiana Revised Statutes and the Board of Trustees of the District Attorney's Retirement System.

Member Signature

Date

<input type="text"/>	<input type="text"/>
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# District Attorneys' Retirement System

## SPOUSAL CONSENT

Member's First Name	Middle Name	Last Name	Today's Date	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### SECTION 1: SPOUSE'S INFORMATION

Spouse's First Name	Middle Name	Last Name	Spouse's Birth Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A member who is married under a community property regime must choose a retirement option that provides a benefit for their spouse that is at least fifty percent (50%) of the benefit payable to the retiree. The member may choose a payout with no survivor annuity or name another individual as beneficiary only if the spouse agrees with the choice and signs the following in the presence of a Notary Public. A married member is deemed to be married under a community property regime unless the member submits to the system a valid and enforceable matrimonial agreement establishing a marital regime of separate property.

### SECTION 2: SELECTIONS (please select all that apply)

<input type="checkbox"/>	<b>Spouse's Approval of Retirement Option Election</b> (to be completed when selecting <i>Maximum, Option 1, or a beneficiary who is not the member's spouse</i> )
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Spouse's  
Initials

I understand and acknowledge that my spouse has selected a retirement option or beneficiary on the retirement application that waives my right to a qualified joint and survivor annuity form of benefit. I hereby consent to such election and permit my spouse to change his or her beneficiary without my further consent. I understand and acknowledge that by this consent, I give up my right to a benefit equal to fifty percent (50%) of my spouse's benefit, should I survive my spouse after his or her death.

<input type="checkbox"/>	<b>Spouse's Approval of Back-DROP Beneficiary Designation</b> (to be completed when selecting a <i>Back Deferred Retirement Option Plan (Back-DROP) beneficiary who is not the member's spouse</i> )
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Spouse's  
Initials

I understand and acknowledge that, by selecting the retirement option or beneficiary marked on the Back-DROP retirement application, my spouse has designated an individual other than myself as his or her Back-DROP beneficiary. I hereby consent to such election and permit my spouse to change his or her beneficiary without my further consent. I understand and acknowledge that by this consent I give up my right to a benefit equal to the balance of my spouse's Back-DROP account, should I survive my spouse after his or her death.

Spouse's Signature	Date
<input type="text"/>	<input type="text"/>

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, in and for the state of \_\_\_\_\_, parish/county of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public (Signature)	Notary ID # or Bar Roll #
<input type="text"/>	<input type="text"/>
Notary Public Name	Commission Expires
<input type="text"/>	<input type="text"/>