

District Attorneys' Retirement System

MEMBER ENROLLMENT FORM

SECTION 1: MEMBER'S INFORMATION (Application Must Be Completed in Full) - MUST ATTACH OATH / COMMISSION

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	Date of Employment
REQUIRED: ment Sources (JD#, IVD, warrant, etc)		
Female Male Annual S	alary From All Sources Combined:	
Have you ever been divorced? Yes No	Single M	arried Divorced Widowed
Spouse's Name	Spouse's Date of Birth	Spouse's Social Security Number
SECTION 2: PREVIOUS EMPLOYMENT	_	
Have you been a member of DARS before?	No	
Are you now or have you ever been a member of another Lou	uisiana Public Retirement System?	
Please list and give dates:		
SECTION 3: BENEFICIARY DESIGNATION		
Full Name of Beneficiary	Email Address	
Relationship	Social Security No.	Date of Birth
		Male Female
Mailing Address	City	State Zip Code
SECTION 4: MEMBER SIGNATURE		
certify that the foregoing statements are true. I understand t	hat 8% of my monthly compensatio	n will be deducted and credited to my
account in the retirement system. I understand that a plan su reviewed at Title 11 - Section 1-292 and Sections 1581-1702 o		.org. All plan regulations may be
MEMBER SIGNATURE	DATE	

RETAIN A COPY FOR YOUR RECORDS

10/2024

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