

District Attorneys' Retirement System

APPLICATION FOR SURVIVOR BENEFIT

SECTION 1: SURVIVOR INFORMATION (Application Must Be Completed in Full)

Email Survivor Signature Please provide a copy of the following along with your application 1. Driver's License and Social Security Card 2. Updated Electronic Deposit Form 3. Updated W-4P for federal withholding 4. Marriage License 5. Member Death Certificate SECTION 2: MEMBER INFORMATION Member Name Date of SECTION 3: TO BE COMPLETED ONLY IF MEMBER WAS AC Selection of Benefit - Initial One Option Only		Date of Death	Social Security	Zip Code
Survivor Signature Please provide a copy of the following along with your application 1. Driver's License and Social Security Card 2. Updated Electronic Deposit Form 3. Updated W-4P for federal withholding 4. Marriage License 5. Member Death Certificate SECTION 2: MEMBER INFORMATION Member Name Date of SECTION 3: TO BE COMPLETED ONLY IF MEMBER WAS ACC Selection of Benefit - Initial One Option Only nitials A. I select the monthly Option II spousal benefit of eligible to elect BackDrop because my deceas B. I select the monthly Option II spousal benefit of eligible to elect BackDrop because my deceas B. I select the monthly Option II spousal benefit of eligible to elect BackDrop because my deceas B. I select the monthly Option II spousal benefit of eligible to elect BackDrop because my deceas	Date		Social Security	Number
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	lue me pursuant	t to R.S. 11:1636	, without BackDRO	Р.
	lue me pursuant	t to R.S. 11:1636	, with mon	ths of BackDROP
D. In lieu of any benefits due me as a surviving sp D accumulated contributions with interest there		option to recei	ve a refund of the r	nember's
SECTION 4: NOTARY				
WORN TO AND SUBSCRIBED BEFORE ME, Notary Public, in and for the				

, this ______, 20_____,

Notary Public (Signature)	Notary ID # or Bar Roll #
Notary Public Name	Commission Expires

10/2024

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