



# 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          |                      |
| <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: BENEFICIARY DESIGNATION

|                          |                      |                                     |
|--------------------------|----------------------|-------------------------------------|
| Full Name of Beneficiary | <input type="text"/> | Percent Allocation<br>(If Multiple) |
| <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<br>(If Multiple) |
| <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<br>(If Multiple) |
| <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<br>(If Multiple) |
| <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