



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: Job Title + Payment Sources (JD#, IVD, warrant, etc)

☐ Female	☐ Male	Annual Salary From All Sources Combined:				
Have you ever been divorced?	☐ Yes	☐ No	☐ Single	☐ Married	☐ 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? ☐ Yes ☐ No
Please list dates of previous membership:

Are you now or have you ever been a member of another Louisiana 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

I certify that the foregoing statements are true. I understand that 8% of my monthly compensation will be deducted and credited to my account in the retirement system. I understand that a plan summary may be found at www.ladars.org. All plan regulations may be reviewed at Title 11 - Section 1-292 and Sections 1581-1702 of the Louisiana Revised Statutes.

MEMBER SIGNATURE

DATE