



District Attorneys' Retirement System

REPAYMENT OF REFUND REQUEST

Date:

Name:

Social Security Number:

Dates of Service Refunded, FROM:

TO:

Date of Refund:

Judicial District Refunded From:

Current Address:

Daytime Phone Number:

Email Address:

Are you actively contributing to DARS?

☐ Yes ☐ No

If no, which LA Public Retirement System are you actively contributing to?

Is repayment being obtained to enter into a reciprocal recognition or transfer of creditable service to another LA Public Retirement System?

☐ Yes ☐ No

Member's Signature

Date

Instructions: Complete all blanks as accurately as possible. Please allow 3 - 4 weeks for an invoice.