District Attorneys' Retirement System

APPLICATION FOR SUPPLEMENTAL RETIREMENT BENEFIT

SECTION 1: MEMBER'S INFORMATION (Application Must Be Completed in Full)

Name

Date of Birth

Social Security Number

Current Mailing Address

City

State

Zip Code

Email

Phone

Date of Retirement

Member Signature

Date

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

SECTION 2: EMPLOYMENT TERMINATION CERTIFICATION – CERTIFIED TRUE AND CORRECT - TO BE COMPLETED BY EMPLOYER

DA Office:

Date of Last Paycheck

Child Support/IVD Employee? ☐ Yes ☐ No

Last Date on Active Payroll

Number of Days Paid on Last Paycheck

Hourly Rate of Pay

Last month for which Contributions will be Reported:

Any Known Dates of Leave Without Pay

Authorized Signature: (To be signed by Appointing Authority)

Title

Date

Email Address

Phone Number

Please be advised that contributions should not be withheld for annual/sick leave payouts

2525 QUAIL DRIVE | BATON ROUGE, LA 70808-9042 | darsdirector@ladars.org | TEL (225) 267-4824 | FAX (225) 214-4106 | www.ladars.org