



District Attorneys' Retirement System

APPLICATION FOR SURVIVOR BENEFIT

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

Name	Date of Birth	Social Security Number	
Current Mailing Address	City	State	Zip Code
Email	Phone		
Survivor 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
4. Marriage License
5. Member Death Certificate

SECTION 2: MEMBER INFORMATION

Member Name	Date of Birth	Date of Death	Social Security Number
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SECTION 3: TO BE COMPLETED ONLY IF MEMBER WAS ACTIVE - NOT RETIRED

Selection of Benefit - Initial One Option Only

Initials

- A. _____ **A.** I select the monthly Option II spousal benefit due me pursuant to R.S. 11:1636. I understand that I am not eligible to elect BackDrop because my deceased spouse was not eligible to retire at their time of death.
- B. _____ **B.** I select the monthly Option II spousal benefit due me pursuant to R.S. 11:1636, without BackDROP.
- C. _____ **C.** I select the monthly Option II spousal benefit due me pursuant to R.S. 11:1636, with _____ months of BackDROP (select no more than 36 months)
- D. _____ **D.** In lieu of any benefits due me as a surviving spouse, I elect the option to receive a refund of the member's accumulated contributions with interest thereon.

SECTION 4: NOTARY

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, in and for the state of _____, parish/county of _____, this _____ day of _____, 20_____.

Notary Public (Signature)

Notary ID # or Bar Roll #

Notary Public Name

Commission Expires