



District Attorneys' Retirement System

APPLICATION FOR RETIREMENT

By signing this retirement application, I hereby acknowledge that I am aware that if I am reemployed as an employee by any district attorney in the state, my retirement benefit shall be suspended during said employment, and I shall not be paid any benefits for the period covered by such employment unless I meet exception requirements of R.S. 11:1631(F)(2). I further acknowledge and consent that any DARS benefits paid in violation of R.S. 11:1631(F)(1) will be recaptured by DARS prior to payment of any benefits due.

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

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"/>		

Female Male Single Married Divorced Widowed

Have you ever been divorced? Yes No

Last Date on Active Payroll	Effective Date of Retirement	** Note that Effective Date of Retirement cannot be equal to Last Date on Active Payroll
<input type="text"/>	<input type="text"/>	

Please select one of the following two Retirement options:

I hereby apply for Retirement. I understand that a plan summary may be found at www.ladars.org and Title 11 - Section 1-292 and Sections 1581-1702 of the Louisiana Revised Statutes.

I hereby apply for Early Retirement per R.S. 11:1632(2) and R.S. 11:1633(2). I understand that if I choose this plan, I will receive a benefit reduced from the earliest date I would have been eligible for unreduced retirement.

SECTION 2: GENERAL INFORMATION

This original application must be received on or before your termination date and must be completed in its entirety. The effective date of your retirement will be the day the application is received or the day after termination, whichever is later.

DARS requires the following documents to complete the processing of your application:

1. Copy of Social Security cards for member and beneficiary
2. Copy of birth certificates for member and beneficiary
3. Copy of Driver's license for member and beneficiary
4. Oath or Commission
5. Copy of current marriage license, if applicable
6. Certified Divorce Decree, if applicable
7. Certified Prenuptial Agreements, Separate Property Agreements, etc., if applicable
8. Copy of death certificate of former spouse, if applicable
9. Spousal Consent form, if applicable
10. [Authorization for Direct Deposit Form -Click for Link](#)
11. [W-4P, Withholding Certificate for Pension or Annuity Payments. -- Click for Link](#)

NO RETIREMENT BENEFITS WILL BE PAID UNTIL DARS HAS RECEIVED ALL OF THE REQUIRED DOCUMENTS.

SECTION 3: SELECTION OF RETIREMENT OPTION - PLEASE REVIEW THE OPTIONAL RETIREMENT ALLOWANCES AND INDICATE YOUR CHOICE BY SIGNATURE. CHOOSE ONLY ONE

****ADDITIONAL PLANS CONTINUED ON NEXT PAGE****

Maximum - Pays largest monthly benefit retiree is eligible to receive but does not provide for a monthly benefit to be paid to a named beneficiary after the retiree's death. I hereby apply for retirement under Maximum. Spouse must complete the Spousal Consent form.

Signature for Maximum:	Date:
<input type="text"/>	<input type="text"/>

NEXT PAGE →

Name for Page 2 (in case of separation)

SSN:

Option 1 – Retiree paid an allowance reduced from the Maximum. If the retiree dies before they have received in annuity payments the value of the participant's annuity at the time of retirement, a lump sum balance is paid to the designated beneficiary. I hereby apply for retirement under Option 1.

Signature for Option 1:

Date:

Option 2 - Pays the retiree a monthly benefit that is reduced from the Maximum. Pays the same monthly benefit for life to the named retirement beneficiary after the retiree's death. The benefit is based on the ages of the retiree and his/her beneficiary. The beneficiary may not be changed after retirement. I hereby apply for retirement under Option 2.

Signature for Option 2:

Date:

Option 3 - Pays the retiree a monthly benefit that is reduced from the Maximum. Pays 50% of the monthly benefit for life to the named retirement beneficiary after the retiree's death. The benefit is based on the ages of the retiree and his/her beneficiary. The beneficiary may not be changed after retirement. I hereby apply for retirement under Option 3.

Signature for Option 3:

Date:

Option 4 – Some other actuarially reduced benefit or benefits payable to such designated person or persons. This option requires board approval prior to election.

Signature for Option 4:

Date:

SECTION 4: Back - DROP

Note: This Section must be completed. Please select only one.

In lieu of receiving a full-service retirement allowance, an active contributing member who has accrued more years of service than are required for a normal retirement and which are sufficient to qualify for the Back-DROP period selected may make an irrevocable election at the time of retirement to receive a Back-DROP benefit. Accrued service at retirement, utilized for the purpose of calculating the Back-DROP monthly benefit, is reduced by the Back-DROP period. Final average compensation, utilized for the purpose of calculating the Back-DROP monthly benefit, is calculated by excluding all earnings during the Back-DROP period.

_____ **Yes**, I irrevocably ELECT to choose Back-DROP. My election will be irrevocable after the effective date of my retirement.

Initials

Back - DROP Period: **Months (Maximum of 36)**

_____ **No**, I irrevocably REJECT to choose Back-DROP. My election will be irrevocable after the effective date of my retirement.

Initials

SECTION 5: 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

NEXT PAGE →

Name for Page 3 (in case of separation)

SSN:

SECTION 6: RETIREMENT BENEFICIARY INFORMATION

You may select one named beneficiary under Options 2 and 3. If naming someone other than your spouse, please attach the Spousal Consent form.

I hereby designate the below named person as my beneficiary to receive benefits as provided under the retirement plan that I have selected above. I understand that I cannot change the designated beneficiary under Options 2, 3, or 4, or change the retirement option election after the effective date of retirement.

Full Name of Beneficiary

Relationship

Social Security No.

Date of Birth

Male Female

Mailing Address

City

State

Zip Code

Email Address

The Following Section To Be Completed By Employer

SECTION 7: EMPLOYMENT TERMINATION CERTIFICATION – CERTIFIED TRUE AND CORRECT

I certify that I understand that if this member, or any other DARS retiree, is reemployed by this District Attorney’s office, DARS will be notified and retirement benefits will be suspended during the period of employment unless the reemployment meets the exception requirements of R.S. 11:1631(F)(2). I acknowledge that DARS will be informed whether the reemployment does or does not meet the applicable exception criteria. I further acknowledge that any DARS benefits paid in violation of R.S. 11:1631(F)(1) are subject to recapture by DARS prior to payment of any future benefits, and that this office is responsible for tracking and reporting reemployment earnings to DARS.

Child Support/IVD Employee? Yes No

DA Office:

Date of Last Paycheck

Last Date on Active Payroll

Last Month Contributions Will Be Reported

Number of Days Paid on Last Paycheck

Hourly Rate of Pay

Any Known Dates of Leave Without Pay? Is this member paid from other sources?

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****



District Attorneys' Retirement System

SPOUSAL CONSENT

Member's First Name	Middle Name	Last Name	Today's Date	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 1: SPOUSE'S INFORMATION

Spouse's First Name	Middle Name	Last Name	Spouse's Birth Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A member who is married under a community property regime must choose a retirement option that provides a benefit for their spouse that is at least fifty percent (50%) of the benefit payable to the retiree. The member may choose a payout with no survivor annuity or name another individual as beneficiary only if the spouse agrees with the choice and signs the following in the presence of a Notary Public. A married member is deemed to be married under a community property regime unless the member submits to the system a valid and enforceable matrimonial agreement establishing a marital regime of separate property.

SECTION 2: SELECTIONS (please select all that apply)

<input type="checkbox"/>	Spouse's Approval of Retirement Option Election (to be completed when selecting <i>Maximum, Option 1, or a beneficiary who is not the member's spouse</i>)
Spouse's Initials	I understand and acknowledge that my spouse has selected a retirement option or beneficiary on the retirement application that waives my right to a qualified joint and survivor annuity form of benefit. I hereby consent to such election and permit my spouse to change his or her beneficiary without my further consent. I understand and acknowledge that by this consent, I give up my right to a benefit equal to fifty percent (50%) of my spouse's benefit, should I survive my spouse after his or her death.

<input type="checkbox"/>	Spouse's Approval of Back-DROP Beneficiary Designation (to be completed when selecting a <i>Back Deferred Retirement Option Plan (Back-DROP) beneficiary who is not the member's spouse</i>)
Spouse's Initials	I understand and acknowledge that, by selecting the retirement option or beneficiary marked on the Back-DROP retirement application, my spouse has designated an individual other than myself as his or her Back-DROP beneficiary. I hereby consent to such election and permit my spouse to change his or her beneficiary without my further consent. I understand and acknowledge that by this consent I give up my right to a benefit equal to the balance of my spouse's Back-DROP account, should I survive my spouse after his or her death.

Spouse's Signature	Date
<input type="text"/>	<input type="text"/>

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 #
<input type="text"/>	<input type="text"/>
Notary Public Name	Commission Expires
<input type="text"/>	<input type="text"/>



District Attorneys' Retirement System

DROP AND BACKDROP 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: DROP AND BACKDROP BENEFICIARY DESIGNATION

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

<input type="text"/>	<input type="text"/>
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