

**LOUISIANA ASSESSORS' RETIREMENT FUND
BENEFIT FORFEITURE FORM**

INSTRUCTIONS: Complete the entire form. All dates should be in MM/DD/YYYY format. This form should be completed by all elected officials and employees whose election or employment make him/her eligible for membership in the Louisiana Assessors' Retirement Fund and began on or after January 1, 2013. The employing assessor's office will keep the completed form for their records.

MEMBER'S FIRST NAME

MIDDLE NAME

LAST NAME

LAST 4 DIGITS OF SSN

SECTION 1: MEMBER'S INFORMATION

Member's Mailing Address

City

State

Zip Code

Daytime Area Code/Phone Number

Evening Area Code/Phone Number

Email Address

Date of Birth

SECTION 2: MEMBER'S SIGNATURE AND CERTIFICATION

Upon election or full-time employment, I understand that my benefits or payments of any kind and payable to me, my spouse, children or estate may be forfeited if I am convicted of a public corruption crime as contemplated by La. R.S. 11:293.

Signature of Member

Date of Signature

Employing Assessor Must Retain for His/Her Own Records