

**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**