



Louisiana Clerks of Court Retirement and Relief Fund

BENEFIT FORFEITURE

(For Employer Use Only - Do Not Return to Clerks' Retirement and Relief Fund)

IMPORTANT: Complete the entire form. Follow the specific instructions for each section.

This form will be completed upon employment of Clerks' Retirement and Relief Fund eligible members hired on or after January 1, 2013. La. R.S. 11:293: **The employing agency will keep the form for their records.**

MEMBER'S INFORMATION

First Name:	Middle Initial	Last Name:
Address:		
City:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
State:	Zip Code:	Social Security #:
Daytime Phone Number:	Date of Birth:	
Evening Phone Number:	Email Address:	

MEMBER SIGNATURE AND CERTIFICATION

By accepting this position, I understand that I will be enrolled in the Louisiana Clerks' of Court Retirement and Relief Fund.

I further understand that my retirement benefits and the benefits payable to my spouse or children may be forfeited if I am convicted of a public corruption crime of either of the following types:

- * Public corruption crimes resulting in financial gain or attempted financial gain for myself or a third party.
- * Public corruption crimes that involve sexual contact with a minor with whom I come in contact by virtue of my public employment.

[Signature line]

Signature of Member

[Date line]

Date of Signature

PLEASE RETAIN FOR YOUR RECORDS