FOR CORP USE ONLY

SYS: _____ID_____

BEN TYPE: _____

CORRECTIONS OFFICER RETIREMENT PLAN

3010 E. Camelback Rd., Suite 200, Phoenix, Arizona 85016

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NOTIFICATION OF BENEFITS AND ELECTION

FORM C12

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09/09

DATE RETIRED: ____/____/____

MEMBER'S NAME: _____ DATE FIRST PAYMENT DUE: _____/_____/_____

PAYABLE TO: _____

(Name of Member, Survivor or Guardian)

TYPE OF BENEFIT: ☐ Normal Retirement ☐ Survivor ☐ Guardian

☐ Total & Permanent Disability ☐ Accidental Disability ☐ Ordinary Disability

I. BENEFITS UNDER ARIZONA CORRECTIONS OFFICER RETIREMENT PLAN:

a). Monthly pension payable to Member (A.R.S. Section 38-885 or Section 38-886) . . . . . $ _____

b). Monthly pension payable to surviving spouse or guardian:
(If applicant is a member, the spouse's benefit shown here will be payable upon death of the retired member. The spouse's benefit ceases upon death; the guardian's/child's benefit ceases when child reaches age 18.)
(A.R.S. Sections 38-887 or 38-888 or 38-904) . . . . . $ _____

II. BENEFITS FROM PRIOR LAW:

The applicant may elect to receive the following benefits because of membership under a prior law in lieu of the above. . . . . $ _____

The Local Retirement Board has determined that the applicant above is eligible for the benefit payment as shown above:

_____ _____

Name of Local Board | Signature of Board Chairman or Secretary

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Election and Acceptance by Member or Survivor

(Choose appropriate line below)

☐ I ELECT TO ACCEPT the type of pension benefit reflected above as well as the amount of benefits as determined under ITEM I above, representing the benefits payable to me and to my survivors under the Arizona Corrections Officer Retirement Plan.

☐ I ELECT TO RECEIVE the benefits under ITEM II in accordance with the prior law designated as

_____.

I UNDERSTAND that this election to receive benefits pursuant to this document and under the CORP or another system may not be revoked and is binding upon me or any beneficiary or survivor unless otherwise provided by law.

_____ _____

Witness Signature | Signature of Member, Survivor or Guardian/Child

_____ Dated: _____/_____/_____

Signature of Spouse (if Item II has been selected)