

**MEMBERSHIP FORM**

**PLEASE PRINT**

INTERSYSTEM TRANSFER

U2 TRANSFER

M F

( ) -

Name

Sex

Marital Status

Home Phone Number

Social Security Number

Birth Date

Email Address

ADDRESS:

(Street)

(Apt No.)

(City)

(State) (Zip)

Name of Spouse

Spouse's Birth Date

Number of Children Under Age 18

**PREVIOUS EMPLOYMENT:**

1. If you were previously employed in a position that was a designated position under the Corrections Officer Retirement Plan, please complete this section:

FROM

THROUGH

TITLE OF POSITION

EMPLOYER

A. \_\_\_\_\_

B. \_\_\_\_\_

2. If you indicated that you were previously employed, was a refund issued? Circle YES or NO and initial: \_\_\_\_\_

3. **A refund will NOT be issued while you are employed with the same/ or another CORP employer. Please Complete Form C1A, "Request for Transfer" and attach it to this form.**

I declare under penalty of perjury that the above information is true, correct and complete, to the best of my knowledge and belief.

DATE: \_\_\_\_\_ EMPLOYEE'S SIGNATURE: \_\_\_\_\_

**EMPLOYER ACKNOWLEDGMENT**

**EMPLOYER: (CHECK ONLY ONE)**

DEPARTMENT OF CORRECTIONS: INSTITUTION OR FACILITY: \_\_\_\_\_

DEPARTMENT OF JUVENILE CORRECTIONS: INSTITUTION OR FACILITY: \_\_\_\_\_

COUNTY/CITY/TOWN OF: \_\_\_\_\_

AOC (JUDICIARY, PROBATION, SURVEILLANCE, AND JUVENILE DETENTION OFFICERS): \_\_\_\_\_ COUNTY

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Membership Date (with current employer) Position or Classification \$ Current Annual Salary

I hereby acknowledge that this person is a full time (40+ hours) employee and the Membership Date and Position or Classification information provided above corresponds with the information in our personnel files.

\_\_\_\_\_  
Date Telephone Number Authorized Signature of Employer

SIGNEE TITLE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**PLEASE PROVIDE A COPY OF THE MEMBER'S SOCIAL SECURITY CARD**

**BENEFICIARY DESIGNATION**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

In the event of my death, **and after any survivor pension payable from the Plan has terminated**, I direct that my accumulated contributions arising from deductions made from my salaries, in excess of pension payments paid to me or to a survivor,

be paid to: \_\_\_\_\_  
Name(s) of **Primary** Refund Beneficiary(ies)

whose relationship(s) to me is (are): \_\_\_\_\_

if living, otherwise to: \_\_\_\_\_  
Name(s) of **Contingent** Refund Beneficiary(ies)

whose relationship(s) to me is (are): \_\_\_\_\_

and whose date(s) of birth is (are): \_\_\_\_\_

if living, otherwise to my nearest of kin as determined by the Local Retirement Board. It is agreed that if more than one primary or contingent beneficiary, as the case may be, is named, my said accumulated contributions, if payable, will be paid in equal shares to the survivors, unless otherwise noted.

DATED IN \_\_\_\_\_, ARIZONA, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(city or town)

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
NAME OF WITNESS-PRINTED

\_\_\_\_\_  
SIGNATURE OF WITNESS

(Witness must be persons other than beneficiaries named above)

When completed, mail to: Corrections Officer Retirement Plan  
3010 E. Camelback Rd., Suite 200  
Phoenix, Arizona 85016

When Completed  
Return to:

**CORRECTIONS OFFICER RETIREMENT PLAN**  
3010 E. Camelback Rd., Suite 200, Phoenix, Arizona 85016  
(602)255-5575 FAX (602)296-2368 www.psprs.com

**FORM C1A**  
08/11  
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**APPLICATION TO TRANSFER SERVICE CREDITS BETWEEN CORP EMPLOYERS**  
(A.R.S. Section 38-908)

**PLEASE PRINT**

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MEMBER'S NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_ **SYS#** \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_ **SYS#** \_\_\_\_\_

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**TO BE COMPLETED BY CURRENT EMPLOYER:**

I hereby certify that to the best of my knowledge and belief the statements made below are full, true and correct, and reflect the data as contained in our records. **NOTE: Please supply the following information:**

Date of Membership: \_\_\_\_/\_\_\_\_/\_\_\_\_ Position/Title: \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_ \_\_\_\_\_  
Date Telephone Number Signature of Local Board Secretary or Current Employer

SIGNEE TITLE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

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**TO BE COMPLETED BY PREVIOUS EMPLOYER:**

I hereby certify that to the best of my knowledge and belief the statements made below are full, true and correct, and reflect the data as contained in our records. **NOTE: Please supply the following information:**

Date of Membership: \_\_\_\_/\_\_\_\_/\_\_\_\_ Position/Title: \_\_\_\_\_

Date of Termination: \_\_\_\_/\_\_\_\_/\_\_\_\_ Position/Title: \_\_\_\_\_

Annual Base Salary: \$\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_ \_\_\_\_\_  
Date Telephone Number Signature of Local Board Secretary or Previous Employer

SIGNEE TITLE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

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**APPLICATION TO CALCULATE SEVERANCE REFUND REPAYMENT**

**PLEASE PRINT**

1. MEMBER'S NAME: \_\_\_\_\_ SOC. SEC. NUMBER: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
(STREET) (APT. NO.) (CITY) (STATE) (ZIP)

2. CURRENT EMPLOYER: \_\_\_\_\_ CURRENT DATE OF MEMBERSHIP: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_

PREVIOUS SERVICE DATE: FROM \_\_\_\_\_ TERMINATION DATE \_\_\_\_\_

Both employers must be the same and the current date of membership must be within 2 years of the previous termination date (not the date of refund).

3. AMOUNT REFUNDED (If known): \$ \_\_\_\_\_ DATE: \_\_\_\_\_

4. A.R.S. SECTION 38-884, SUBSECTION I:

H. If a former member becomes re-employed with the same employer within two years after the former member's termination date, a member may have forfeited credited service attributable to service rendered during a prior period of service as an employee restored on satisfaction of each of the following conditions:

1. The member files with the plan a written application for reinstatement of forfeited credited service within ninety days after again becoming an employee.
2. The retirement fund is paid the total amount previously withdrawn pursuant to Subsection C, D or E of this section plus compound interest from the date of withdrawal to the dates of repayment. Interest shall be computed at the rate of nine per cent for each year compounded each year from the date of withdrawal to the date of repayment. Forfeited credited service shall not be restored until complete payment is received by the fund.
3. The required payment is completed within one year after returning to employee status.

I ACKNOWLEDGE READING the above and:

If I agree to reinstate my prior service credits which I previously refunded, I agree to redeposit the amount withdrawn from the system with interest at the rate of 9% compounded each year from the date of withdrawal to the date of repayment. This application does not require me to repay this amount, but I understand that I must pay this amount within one year from my current date of membership in order to reinstate my prior service credits.

Dated: \_\_\_\_\_  
Member's Signature

(The applicant must file this form with the Plan within **90 days** after re-employment.)

**EMPLOYER ACKNOWLEDGMENT**

I hereby acknowledge that the information provided by the member above corresponds with the information in our personnel files, and that this application was submitted within 90 days of the member's reemployment with this agency.

\_\_\_\_\_  
Date Telephone Number Authorized Signature of Employer

Signer Title \_\_\_\_\_ Email Address \_\_\_\_\_

**APPLICATION TO REDEEM PRIOR SERVICE WITHIN THE SAME RETIREMENT PLAN**  
(A.R.S. § 38-884)

A.R.S. § 38-884 Redemption of prior service

- J. A present active member of the plan who received a refund of accumulated contributions from the plan pursuant to subsection C, D, or E of this section and forfeited credited service pursuant to subsection H of this section may elect to redeem any part of that forfeited credited service by paying into the plan any amounts required pursuant to this subsection. A present active member who elects to redeem any part of forfeited credited service for which the member is deemed eligible by the board of trustees shall pay into the plan the amounts previously paid or transferred as a refund of the member's accumulated contributions plus an amount, computed by the plan's actuary that is necessary to equal the increase in the actuarial present value of projected benefits resulting from the redemption calculated using the actuarial methods and assumptions prescribed by the plan's actuary.

**PLEASE PRINT**

1. MEMBER'S NAME: \_\_\_\_\_ SOC. SEC. NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
(Street) (Apt. No.) (City) (State) (Zip)

2. CURRENT EMPLOYER: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_/\_\_\_\_/\_\_\_\_ CURRENT POSITION/TITLE: \_\_\_\_\_

CURRENT ANNUAL SALARY: \$ \_\_\_\_\_

3. PREVIOUS EMPLOYER: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_/\_\_\_\_/\_\_\_\_ POSITION/TITLE: \_\_\_\_\_

DATE OF TERMINATION: \_\_\_\_/\_\_\_\_/\_\_\_\_ POSITION/TITLE: \_\_\_\_\_

4. FOR PARTIAL REDEMPTION ONLY, PLEASE INDICATE PERIOD REQUESTED:

Total period of time requested: \_\_\_\_\_ months and \_\_\_\_\_ days

I hereby certify that the information provided above is true, complete and correct to the best of my knowledge and belief. I further certify that the position(s) I held during the period requested for redemption were eligible for membership under the CORRECTIONS OFFICER RETIREMENT PLAN pursuant to A.R.S. Section 38-881.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
Member's Signature

**CORRECTIONS OFFICER RETIREMENT PLAN**

3010 E. Camelback Rd., Suite 200  
(602)255-5575 FAX (602)296-2368 www.psprs.com

**FORM C6**

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**APPLICATION FOR A SEPARATION REFUND OR DEFERRED ANNUITY**

(A.R.S. Section 38-884, et. seq.)

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(Street) (Apt. No.) (City) (State) (Zip)

PHONE NUMBER: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

MY CORP MEMBERSHIP EMPLOYMENT WITH: \_\_\_\_\_

BEGAN ON: \_\_\_\_\_ AND TERMINATED ON: \_\_\_\_\_

I certify that I have terminated my employment; I have not been accepted for employment with any other CORP employer in a designated eligible position; I have not previously received a refund of my accumulated contributions to the CORP; the dates of membership and termination in this application and the periods of leave of absence without pay are correct; I understand the terms and requirements for the Refund Option and the Deferred Annuity Option below; and I make my election as indicated below:

**REFUND OPTION**

By **INITIALING** \_\_\_\_\_ **this Refund Option**, I HEREBY make application for the refund of my member contributions to the CORRECTIONS OFFICER RETIREMENT PLAN (CORP) as well as any enhanced refund as provided by law. I understand that by withdrawing my accumulated contributions, I **TERMINATE MY MEMBERSHIP AND FORFEIT ALL RIGHTS TO BENEFITS** under the CORP and my rights to rehearing and appeal. I also understand that withdrawing my accumulated contributions results in forfeiture of my service credits in the CORP (A.R.S. § 38-884). Further, I understand that if I am again employed within two years by the same employer in a position covered under CORP, these service credits may be reinstated only if a written application for reinstatement is filed with the Board of Trustees within ninety (90) days after again becoming a covered employee and my refund contribution is re-deposited within one (1) year, along with applicable interest to date of re-deposit (A.R.S. § 38-884). I understand that if I do not withdraw my contributions and I obtain employment with an employer in a CORP covered position after my termination, my service credits will be transferred to my record with my new employer. Pursuant to A.R.S. Section 38-921, I may be entitled to transfer my service credits to a new retirement system upon subsequent employment in a position not covered by CORP and that by withdrawing my contributions, I am forfeiting all of these rights. If the refund includes taxable monies, I hereby acknowledge receiving and reading the special tax notice regarding these taxable monies. **If you elect the REFUND OPTION, a refund check will be mailed to the address shown above within 20 business days after your application is filed and your final wage deduction is transmitted to this office and your termination of covered employment has been verified by your employer.**

**DEFERRED ANNUITY OPTION** - Effective for a member who terminates on or after September 30, 2009 according to H.B. 2326

By **INITIALING** \_\_\_\_\_ **this Deferred Annuity Option A.R.S. 38-911**, I hereby elect to leave my accumulated contributions on deposit and receive a deferred annuity commencing on or after my 62<sup>nd</sup> birthday. I understand that I may elect this deferred annuity only if I have at least ten years of credited service in the CORP. I also understand that if I die and I have accumulated contributions remaining in the CORP, those accumulated contributions will be paid to my designated refund beneficiary, if living, or to my designated contingent refund beneficiary, if living, or to my nearest living kin as selected by my local CORP board. A Deferred Annuity shall be a lifetime monthly pension actuarially equivalent to the member's accumulated contributions plus an amount paid by the employer, and shall commence on application, on or after the 62<sup>nd</sup> birthday. The Annuity is not a retirement benefit and annuitants are not entitled to receive any amount prescribed by section 38-887, 38-888, 38-904, 38-905 or 38-906. All changes of address must be reported, in writing, to the local CORP board and the Board of Trustees.

**TAXABLE MONIES (All monies contributed after July 1, 2000 are taxable monies)**

**You must complete the information below before a refund check is issued.**

By **INITIALING** \_\_\_\_\_, I understand and acknowledge the following:

1. I am aware that I have at least 30 days to decide whether I want to elect a direct rollover or to elect a cash distribution of my taxable monies and I am electing to waive this 30 day waiting period.
2. I have completed the Lump Sum Distribution Election Form that prescribes certain tax consequences regarding the above taxable monies.
3. I have received and read the special tax notice regarding these taxable monies and understand the tax consequences explained in the notice and election form.

**If this application form is not witnessed or initialed, or if the Lump Sum Distribution Election form is not completed, it will be returned which will cause a delay in the processing of any enhanced portion of your refund.**

If you divorced during your employment, provide our office with a copy of your Divorce Decree or Domestic Relations Order. Note: A.R.S. §§ 38-860, 38-910, 38-822 states that if you have been involved in a divorce, the System/Plan is not liable for any benefits you receive. You are considered trustee to the funds and will be the sole party against with whom an action may be brought to recover the payment.

**I declare under penalty of perjury that the above information is true, correct and complete to the best of my knowledge and belief.**

DATE

EMPLOYEE'S SIGNATURE

WITNESS

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

**EMPLOYER'S CERTIFICATION OF TERMINATION**

**INSTRUCTIONS:** The Employer must complete this Certification of Termination and send it back to the Board of Trustees with a copy to the Local Board.

**NAME OF EMPLOYER:** \_\_\_\_\_

Applicant's final wage period was from \_\_\_\_\_ through \_\_\_\_\_

Last date of employment: \_\_\_\_\_

Employee contributions for final wage period by applicant total \$ \_\_\_\_\_

(The Board of Trustees will deduct prior payments, if any, made by the CORP to or on behalf of the applicant to arrive at refundable accumulated contributions. A.R.S. Sections 38-884 and 38-899)

The undersigned representative of the employer hereby certifies that the applicant named above has actually terminated his employment and agrees that any excess refund paid to the applicant due to an overstatement of the total aggregate employee contributions shall be the liability of the employer. I also acknowledge that the membership date and termination date provided by the employee above corresponds with the information in our personnel files.

**EMPLOYER'S REPRESENTATIVE:**

SIGNATURE	TITLE	TELEPHONE NUMBER	DATE
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**If you have five or more years of credited service with the plan you are entitled to receive additional monies according to the following schedule:**

- 5 to 5.9—25% of member contributions deducted from the member's salary pursuant to A.R.S. § 38-891, subsection B.
- 6 to 6.9—40% of member contributions deducted from the member's salary pursuant to A.R.S. § 38-891, subsection B.
- 7 to 7.9—55% of member contributions deducted from the member's salary pursuant to A.R.S. § 38-891, subsection B.
- 8 to 8.9—70% of member contributions deducted from the member's salary pursuant to A.R.S. § 38-891, subsection B.
- 9 to 9.9—85% of member contributions deducted from the member's salary pursuant to A.R.S. § 38-891, subsection B.
- 10 or more—100% of member contributions deducted from the member's salary pursuant to A.R.S. § 38-891, subsection B, plus interest at 3% after 30 days if left on deposit.

All of the additional monies prescribed above are taxable monies. NOTE: Periods of time during which you were on a leave of absence without pay **do not** count as credited service.

**LEAVES OF ABSENCE WITHOUT PAY (Complete only if you have five or more years of credited service)**

During my periods of covered service, I have been on leave of absence without pay as indicated below: **(Initial and complete)**

- \_\_\_\_\_ (a) NONE
- \_\_\_\_\_ (b) From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Employer \_\_\_\_\_
- From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Employer \_\_\_\_\_
- From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Employer \_\_\_\_\_

**EMPLOYER'S CERTIFICATION OF INFORMATION**  
**(Complete only if the employee has five or more years of credited service)**

The undersigned representative of the employer hereby certifies that the periods of leave of absence without pay provided by the applicant named on the reverse hereof corresponds with the information in our personnel files.

**EMPLOYER'S REPRESENTATIVE:**

SIGNATURE	TITLE	TELEPHONE NUMBER	DATE
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**PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM  
CORRECTIONS OFFICER RETIREMENT PLAN  
ELECTED OFFICIALS' RETIREMENT PLAN**  
3010 E. Camelback Rd., Suite 200, Phoenix, Arizona 85016  
(602)255-5575 FAX (602)296-2368 www.psprs.com

**FORM 18**  
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**APPLICATION TO PURCHASE ACTIVE MILITARY SERVICE**

(A.R.S. Sections 38-858, 38-907 or 38-820)

A member of the system/plan who has at least **TEN** years of service with the system may receive credited service for periods of active military service performed before employment with the member's current employer

**PLEASE PRINT**

MEMBER'S NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

TELEPHONE: ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_

MEMBERSHIP DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

CURRENT POSITION/CLASSIFICATION: \_\_\_\_\_

MONTHS OF ACTIVE MILITARY SERVICE WHICH I REQUEST TO PURCHASE: \_\_\_\_\_ (Maximum: 60 months)

BRANCH OF MILITARY SERVICE \_\_\_\_\_

FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ THROUGH \_\_\_\_/\_\_\_\_/\_\_\_\_

COPY OF MILITARY SERVICE RECORD (DD-214) ATTACHED (Must Indicate HONORABLE)

COPY OF MILITARY DISCHARGE CERTIFICATE (DD-256A) ATTACHED. IF NOT ATTACHED, PLEASE EXPLAIN: \_\_\_\_\_

Please **INITIAL** each of the following to indicate your agreement and/or understanding, otherwise this form will not be processed.

\_\_\_\_ I was honorably separated

\_\_\_\_ This time is Active Military time (reserve time is ineligible)

\_\_\_\_ I have not purchased this military time towards any other pension program

The information in this application is true and correct to the best of my knowledge and pursuant to A.R.S. Section 38-858, 38-907 or 38-820 I request that the Board of Trustees calculate the amounts required to be paid in order to receive credited service for previous active military service.

I understand that any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan or attempts to defraud the system or plan is guilty of a Class 6 felony Arizona Revised Statutes Section 38-849 and may result in total loss of benefits under the PSPRS retirement system.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of Member

**CORRECTIONS OFFICER RETIREMENT PLAN**

3010 E. Camelback Rd., Suite 200, Phoenix, Arizona 85016  
(602)255-5575 FAX (602)296-2368 www.psprs.com

**FORM C19**

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**APPLICATION FOR OPTION TO CONTRIBUTE DURING INDUSTRIAL LEAVE**

A.R.S. Section 38-891, subsection D provides in part:

D. During a period when an employee is on industrial leave and the employee elects to continue contributions during the period of industrial leave, the employer and employee shall make contributions based on the compensation the employee would have received in the employee's job classification if the employee was in normal employment status.

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DURING MY PERIOD OF EMPLOYMENT WITH \_\_\_\_\_,  
I WILL RECEIVE COMPENSATION BENEFITS UNDER THE ARIZONA STATE WORKERS' COMPENSATION LAWS.  
PURSUANT TO A.R.S. SECTION 38-891, SUBSECTION D,

**PLEASE INITIAL ONE:**

Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_, I ELECT TO CONTINUE

I ELECT TO STOP

MAKING CONTRIBUTIONS TO THE CORRECTIONS OFFICER RETIREMENT PLAN DURING MY PERIOD OF INDUSTRIAL LEAVE.

IF I ELECT TO CONTINUE MAKING CONTRIBUTIONS TO THE CORRECTIONS OFFICER RETIREMENT PLAN DURING THE PERIOD I AM ON INDUSTRIAL LEAVE, MY EMPLOYEE AND EMPLOYER CONTRIBUTIONS WILL BE BASED ON THE COMPENSATION I WOULD HAVE RECEIVED IN MY JOB CLASSIFICATION AS IF I WAS IN NORMAL EMPLOYMENT STATUS.

IF I ELECT TO STOP MAKING CONTRIBUTIONS TO THE CORRECTIONS OFFICER RETIREMENT PLAN DURING THE PERIOD I AM ON INDUSTRIAL LEAVE, IN DETERMINING MY NORMAL RETIREMENT DATE, THIS PERIOD WILL BE CONSIDERED AS "SERVICE" BUT NOT "CREDITED SERVICE".

**MEMBER:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ (\_\_\_\_)\_\_\_\_\_-\_\_\_\_ \_\_\_\_\_  
Date Telephone Number Member's Signature

E-MAIL ADDRESS: \_\_\_\_\_

**EMPLOYER:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ (\_\_\_\_)\_\_\_\_\_-\_\_\_\_ \_\_\_\_\_  
Date Telephone Number Authorized Signature of Employer

E-MAIL ADDRESS: \_\_\_\_\_ TITLE: \_\_\_\_\_

**REQUEST TO REMAIN IN THE CORRECTIONS OFFICER RETIREMENT PLAN**  
(A.R.S. Section 38-891, subsection E)  
(Applies to Department of Corrections or the Department of Juvenile Corrections Only)

When Completed return to: Department of \_\_\_\_\_ CORP Local Board

Address: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WORK LOCATION: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

I am transferring or being reassigned from a Corrections Officer Retirement Plan designated position to a non-designated position within the department. The transfer or reassignment is for the purpose of temporarily filling a non-designated department position. I currently have five or more years of credited service with the Corrections Officer Retirement Plan. Pursuant to A.R.S. Section 38-891, subsection E, I request that the local board temporarily specify my new position as a designated position in the department.

FORMER DESIGNATED POSITION: \_\_\_\_\_

CORP MEMBERSHIP DATE - FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRIOR SERVICE WITH THE CORP: \_\_\_\_\_

TOTAL YEARS OF CREDITED SERVICE: \_\_\_\_\_

NEW NON-DESIGNATED POSITION: \_\_\_\_\_

START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTE: This request can be made before the transfer but must be made within 90 days of the starting date to the new non-designated position.

If employee contributions have been made to the Arizona State Retirement System after the above start date, these monies will be reversed from the ASRS to the CORP. However, I agree to make arrangements with my department for a one-time payment to pay the additional employee contributions representing the difference between the CORP employee contributions and the ASRS employee contributions.

TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE OF MEMBER: \_\_\_\_\_

WITNESS: \_\_\_\_\_

(Over)

**REQUEST TO REMAIN IN THE CORRECTIONS OFFICER RETIREMENT PLAN** (Continued)  
(A.R.S. Section 38-891, subsection E)

A.R.S. Section 38-891, subsection E provides:

E. The local board of the state department of corrections or the local board of the department of juvenile corrections may specify a position within that department as a designated position if the position is filled by an employee who has at least five years of credited service under the plan, who is transferred to temporarily fill the position and who makes a written request to the local board to specify the position as a designated position within ninety days of being transferred. On the employee leaving the position, the position is no longer a designated position.

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**TO BE COMPLETED BY LOCAL BOARD:**

The Corrections Officer Retirement Plan Local Board has reviewed this request and has verified that the information in this request is accurate and conforms to our records and the records of the personnel office. Based on the information contained in this request, on and after the start date as prescribed in this request, we specify the non-designated position that is being filled temporarily by \_\_\_\_\_ as a CORP designated position.

DATE APPROVED: \_\_\_\_/\_\_\_\_/\_\_\_\_ TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_-\_\_\_\_

SIGNATURE OF SECRETARY OR LOCAL BOARD CHAIRMAN: \_\_\_\_\_

- COPY SENT TO BOARD OF TRUSTEES, CORRECTIONS OFFICER RETIREMENT PLAN
- COPY SENT TO DEPARTMENT PAYROLL OFFICE
- COPY SENT TO DEPARTMENT PERSONNEL OFFICE
- COPY SENT TO APPLICANT

**TO PAYROLL OFFICE:** Please ensure that the correct employee and employer contributions are made on a pre-tax basis to the Corrections Officer Retirement Plan on and after the start date as prescribed in this request. If contributions have been made to the Arizona State Retirement System, please reverse any pre-tax employee and employer contributions made to the Arizona State Retirement System and forward the correct employee and employer contributions on a pre-tax basis for the above employee for the prescribed periods of time to the Corrections Officer Retirement Plan.

**REQUEST TO REMAIN IN THE ARIZONA STATE RETIREMENT SYSTEM**  
(A.R.S. Section 38-891, subsection F)

(Applies to Department of Corrections or the Department of Juvenile Corrections Only)

When completed return to: Department of \_\_\_\_\_ CORP Local Board

Address: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WORK LOCATION: \_\_\_\_\_

WORK NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

I am an employee who currently has five or more years of credited service with Arizona State Retirement System and am transferring, being reassigned or employed in a designated CORP position within the department. Pursuant to A.R.S. Section 38-891, subsection F, I request that the local board specify my new position as a non-designated position in the department and that I be allowed to remain in the ASRS. Upon my leaving this position, the position will revert back to a designated CORP position.

FORMER ASRS POSITION: \_\_\_\_\_

ASRS MEMBERSHIP DATE - FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

TOTAL YEARS OF CREDITED SERVICE WITH THE ASRS: \_\_\_\_\_

NEW CORP DESIGNATED POSITION: \_\_\_\_\_

START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTE: This request can be made before the transfer but must be made within 90 days of the starting date to the new CORP-designated position.

If employee contributions have been made to the Corrections Officer Retirement Plan after the above start date, these monies will be reversed from the Corrections Officer Retirement Plan to the Arizona State Retirement System and I will be receiving from the department a return of excess contributions that were made to the CORP, representing the difference between the CORP employee contributions and the ASRS employee contributions.

TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE OF MEMBER: \_\_\_\_\_

WITNESS: \_\_\_\_\_

(Over)

**REQUEST TO REMAIN IN THE ARIZONA STATE RETIREMENT SYSTEM**  
(A.R.S. Section 38-891, subsection F)

A.R.S. Section 38-891, subsection F provides:

F. The local board of the State Department of Corrections or the local board of the Department of Juvenile Corrections may specify a designated position within the department as a non-designated position if the position is filled by an employee who has at least five years of credited service under the Arizona State Retirement System and who makes a written request to the local board to specify the position as a non-designated position within ninety days of accepting the position. On the employee leaving the position, the position reverts to a designated position.

-----

**TO BE COMPLETED BY LOCAL BOARD:**

The Corrections Officer Retirement Plan Local Board has reviewed this request and has verified that the information in this request is accurate and conforms to our records and the records of the personnel office. Based on the information contained in this request, on and after the Start Date as prescribed in this request, we specify the designated CORP position as a non-designated position until the employee vacates this position.

DATE APPROVED: \_\_\_\_/\_\_\_\_/\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_-\_\_\_\_

SIGNATURE OF SECRETARY OR LOCAL BOARD CHAIRMAN: \_\_\_\_\_

- COPY SENT TO THE ARIZONA STATE RETIREMENT SYSTEM
- COPY SENT TO DEPARTMENT PAYROLL OFFICE
- COPY SENT TO DEPARTMENT PERSONNEL OFFICE
- COPY SENT TO APPLICANT

**TO PAYROLL OFFICE:** Please ensure that the correct employee and employer contributions are made on a pretax basis to the Arizona State Retirement System on and after the Start Date as prescribed in this request. If contributions have been made to the Corrections Officer Retirement Plan, please reverse the pre-tax employee and employer contributions made to the Corrections Officer Retirement Plan and forward the correct employee and employer contributions on a pre-tax basis for the above employee for the prescribed periods of time to the Arizona State Retirement System.

**OUT OF STATE SERVICE AFFIDAVIT (Employee)**

**DO NOT ALTER THIS FORM OR USE WHITE OUT**

Pursuant to A. R. S. Section 38-909, Each present active member of the plan who has at least **TEN** years of credited service with the plan may elect to redeem up to **SIXTY** months of any part of the following prior service or employment by paying into the plan any amounts required under subsection B if the prior service is not on account with any other retirement system.

I hereby make application for a calculation to redeem service credits refunded from an agency of the United States government, a state of the United States or a political subdivision of a state of the United States as a full-time paid corrections officer or full-time paid certified peace officer to my current retirement system in this state.

Member Name _____		Social Security Number _____ - _____ - _____	Date of Birth _____ / _____ / _____ ( ) -
Address (Street) _____	(City) _____	(State) _____	(Zip) _____
Former Employer or Retirement System Name _____		Position Held _____	Contact Person _____ ( ) -
Address (Street) _____	(City) _____	(State) _____	(Zip) _____
Prior Service Dates: From _____ / _____ / _____		to _____ / _____ / _____	

To redeem refunded credited service, indicate number of months you wish to have calculated: \_\_\_\_\_

Current Employer _____	Current Retirement System or Plan _____
Service Date _____ / _____ / _____	Current Position/Classification _____

**YOU MUST READ, COMPLETE AND INITIAL THE FOLLOWING** if you participated in a retirement plan during the time periods listed above.  
\_\_\_\_\_ I am no longer eligible for a benefit from the \_\_\_\_\_ Retirement Plan because I took a refund from the plan on or about \_\_\_\_\_ (approximate date) or there were no benefits available to me when I terminated my membership in the plan.  
\_\_\_\_\_ I am currently eligible for a retirement benefit from the \_\_\_\_\_ Retirement Plan, but will forfeit my benefits from that plan before I make arrangements to purchase the above service time

**Please INITIAL each of the following to indicate your agreement and/or understanding, otherwise this form will not be processed:**

- \_\_\_\_\_ I understand that this transaction is subject to audit. If any misrepresentations are discovered as a result of this audit, my total credited service with the CORP will be adjusted as necessary. Any overpayments will be refunded. I further understand that if an error or misrepresentation is discovered after I retire, any adjustments to my credited service will affect my retirement benefit. In addition, if payment for the purchase was made with pre-tax dollars and is returned to me, there will be tax consequences as a result of this refund.
- \_\_\_\_\_ I understand that an audit may determine that I am eligible for a benefit from the retirement plan listed above after I have already been allowed to purchase service from the CORP because I indicated that I was NOT eligible for a benefit. If this occurs, I will immediately take steps necessary to forfeit my benefit in the above retirement plan. I understand that if this forfeiture is not completed in a reasonable amount of time, any CORP service, which I have purchased, based on the employment listed above will be revoked and my money refunded, without interest.
- \_\_\_\_\_ I certify under penalty of perjury that I was employed as a full-time paid corrections officer or certified peace officer by the above employer during the dates listed.

Furthermore, I hereby certify that the above information is true and correct to the best of my knowledge and request that the Board of Trustees calculate the amounts required to be paid in order to accomplish the requested redemption pursuant to A.R.S. Section 38-909.

_____	_____ / _____ / _____
Signature of Member	Date

State of \_\_\_\_\_ County of \_\_\_\_\_  
The foregoing was acknowledged before me on this \_\_\_\_\_  
Day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Seal

By \_\_\_\_\_  
(Member's Name)

_____	_____ / _____ / _____
Notary Public Signature	My Commission Expires

**OUT OF STATE SERVICE AFFIDAVIT**

**(Employer/Retirement Plan Administrator)**

The person named below is requesting that you verify the following information about his/her employment with your system in order to purchase time in the Arizona Corrections Officer Retirement Plan. Please verify the following information and answer the questions below:

**A**

---

Member Name		Social Security Number	Date of Birth
Former Employer or Retirement System Name		Position Held	Contact Person
Member Address (Street)	(City)	(State)	(Zip)
			Telephone Number
Current Employer		Current Retirement System or Plan	
Member Signature		Date	

**B Previous Employer:** Please answer the following questions:

- Is/Was the person named above employed with your system as a full-time paid corrections officer or full-time paid certified peace officer?  Yes  No
- If yes, please provide the full-time paid certified service dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Service Date From Service Date Through
- Is/Was the person named above an employee covered by your system's retirement plan?  Yes  No  
(If, the answer to questions 1 and 3 are both, yes, please sign below and forward this form to your retirement system's administrator for completion. If you answered, no, to either question, please sign this form and send it directly to our office at the address listed above.)

I hereby certify that the above information is true and correct to the best of my knowledge.

---

Authorized Signature of Previous Employer		Date
Title	( ) - Phone	Agency Name

**C Retirement Plan Administrator:** Arizona law does not allow credit in its retirement system for service time in another pension plan if such service entitles the individual to a current or future benefit in that plan. Please answer the following questions:

- Does this member still have member contributions in your retirement plan?  Yes  No
- Has this member forfeited any and all rights to a benefit(s) under your retirement system?  Yes  No

I hereby certify that the above information is true and correct to the best of my knowledge.

---

Authorized Signature of Retirement Plan Administrator		Date
Title	( ) - Phone	Retirement System Name

When Completed  
Return to:

**CORRECTIONS OFFICER RETIREMENT PLAN**  
3010 E. Camelback Rd., Suite 200, Phoenix, Arizona 85016  
(602)255-5575 FAX (602)296-2368 www.psprs.com

**FORM CSR**  
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**APPLICATION TO REDEEM TIME WITH AN ARIZONA CORRECTIONS  
OFFICER EMPLOYER PRIOR TO JOINDER DATE**  
(A.R.S. Section 38-909 Subsection A)

**38-909 Redemption of prior service**

A. Each present active member of the plan who has at least **TEN** years of credited service with the plan who had previous service in this state as an employee with an employer now covered by the plan or who had previous service with an agency of the United States Government, a state of the United States or a political subdivision of a state of the United States as a full-time paid corrections officer or full-time paid certified peace officer may elect to redeem up to **SIXTY** months of any part of the prior service by paying into the plan any amounts required under subsection B if the prior service is not on account with any other retirement system.

**PLEASE PRINT**

MEMBER'S NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**CURRENT EMPLOYER:**

Date of Membership: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Position/Title: \_\_\_\_\_

**PREVIOUS EMPLOYER:**

Service Date From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Position/Title: \_\_\_\_\_

Service Date Through: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please indicate the number of months you wish to have calculated: \_\_\_\_\_

I hereby certify that the above information is true and correct to the best of my knowledge and request that the Fund Manager calculate the amounts required to be paid in order to accomplish the requested redemption pursuant to A.R.S. 38-909.

Dated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_  
Signature of Member

**TO BE COMPLETED BY PREVIOUS EMPLOYER:**

I hereby certify that to the best of my knowledge and belief the information provided below is true and correct, and reflect the data as contained in our records.

Please provide the full-time paid corrections officer service dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Service Date From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Service Date Through

Position/Title: \_\_\_\_\_

Has this member forfeited any and all rights to a benefit(s) under the former retirement system?  Yes  No  N/A

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Date Telephone Number Signature of Previous Employer

SIGNEE TITLE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM  
CORRECTIONS OFFICER RETIREMENT PLAN  
ELECTED OFFICIALS' RETIREMENT PLAN**  
3010 E. Camelback Rd., Suite 200, Phoenix, Arizona 85016  
(602)255-5575 FAX (602)296-2368 www.psprs.com

**APPLICATION TO TRANSFER OR REDEEM SERVICE CREDITS BETWEEN ARIZONA RETIREMENT PLANS**  
(A.R.S. Sections 38-921 and 38-922)

To: Board of Trustees

Pursuant to A.R.S. Sections 38-921 and 38-922, I hereby make application for a calculation to transfer retirement service credits on account or refunded from another retirement system or plan in this state to my current retirement system or plan in this state.

I. Member's Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt No.) (City) (State) (Zip)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

II. Former Retirement System or Plan: \_\_\_\_\_

Former Employer: \_\_\_\_\_  
(EMPLOYER WHILE CONTRIBUTING TO FORMER PLAN)

Former Position/Classification: \_\_\_\_\_

Prior Service Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

If redeeming refunded credited service, indicate number of months you wish to have calculated: \_\_\_\_\_

Did you refund (withdraw) your member contributions from prior retirement system or plan?

YES

NO

This form will be sent to your prior retirement system or plan to request an actuarial present value or to verify your previous credited service. We cannot send you an offer to purchase or transfer credited service until we receive this information.

III. Current Retirement System or Plan: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Service Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Position/Classification: \_\_\_\_\_

**PLEASE INITIAL:**

\_\_\_\_\_ **THIS FORM IS AN APPLICATION FOR A QUOTE ONLY AND DOES NOT AUTOMATICALLY TRANSFER MY TIME.**

I hereby certify that the above information is true and correct to the best of my knowledge and request that the Board of Trustees calculate the amounts required to be transferred or paid in order to accomplish the requested transfer pursuant to A.R.S. Sections 38-921 and 38-922.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of Member

**TITLE 38, CHAPTER 5, ARTICLE 7**  
**TRANSFER TO ANOTHER RETIREMENT SYSTEM OR PLAN**

**38-921. Transfer of retirement service credits from one retirement system or plan to another retirement system or plan in this state**

- A. An active or inactive member of a state retirement system or plan, including the retirement system provided for in article 2 of this chapter, the Elected Officials' Retirement Plan provided for in article 3 of this chapter, the Public Safety Personnel Retirement System provided for in article 4 of this chapter or the Corrections Officer Retirement Plan provided for in article 6 of this chapter may transfer service credits from one system or plan to the member's current or former system or plan pursuant to section 38-922 if all of the following conditions are met:
1. The board or board of trustees governing the retirement system or plan from which the service credits are being transferred mutually agrees with the board or board of trustees governing the retirement system or plan to which the service credits are being transferred regarding the terms of the transfer.
  2. The transfer does not cause either the retirement system or plan to which the transfer is made or the retirement system or plan from which the transfer is made to incur any unfunded accrued liabilities as a result of the transfer.
  3. The member initiates the transfer by making written application to the governing board or board of trustees of the retirement system or plan to which the member is contributing.
- B. For the purposes of this section:
1. "Active member" means a member who satisfies the eligibility criteria of the state retirement system or plan and who is currently making member contributions to or receiving credited service from the state retirement system or plan.
  2. "Inactive member" means a member of the state retirement system or plan who previously made contributions to the state retirement system or plan and who satisfies each of the following:
    - (a) Has not retired.
    - (b) Is not eligible for active membership in the state retirement system or plan.
    - (c) Is not currently making contributions to the state retirement system or plan.
    - (d) Has not withdrawn contributions from the state retirement system or plan.

Added by Laws 1989, Ch.310, § 16; Laws 1995, Ch. 32, § 19; Amended by Laws 2001, Ch. 123 §1.

**38-922. Transfer or redemption of service credits**

- A. Service credits qualified in accordance with section 38-730 or 38-921 may be transferred or redeemed in accordance with this section.
- B. In the case of a member whose contributions remain on deposit with the prior retirement system or plan, the following shall be calculated:
1. The prior system or plan shall calculate the amount equal to the actuarial present value of a member's projected benefits to the extent funded on a market value basis as of the most recent actuarial valuation under the prior system or plan as calculated by that system's or plan's actuary using the same actuarial method and assumptions used in calculating that system's or plan's funding requirements based on the transferring member's service credits at the time of transfer. If a system's or plan's market value is greater than one hundred per cent, the system or plan shall use a one hundred per cent market value.
  2. The system or plan to which the member is transferring shall calculate the increase in the actuarial present value of the projected benefits provided as a result of the transfer of the member's service credits. This calculation shall be performed by that system's or plan's actuary using the same actuarial method and assumptions used in calculating that system's or plan's funding requirements based on the transferring member's service credits at the time of transfer.
- C. In the event a member decides to transfer:
1. If the amount calculated in subsection B, paragraph 2 is greater than the amount calculated in subsection B, paragraph 1:
    - (a) The prior system or plan shall transfer to the present system or plan the greater of the amount calculated in subsection B, paragraph 1 or the member's accumulated contribution account balance.
    - (b) If the amount transferred is less than the amount calculated under subsection B, paragraph 2, the transferring member shall elect either to pay the difference or to accept a reduced transfer of service credits. If the member elects to pay the difference, the amount paid shall be added to the member's accumulated contribution account balance. If the member elects to accept a reduced transfer of service credits, the amount of service credits transferred shall be equal to the amount of service credits used in making the calculation under subsection B, paragraph 1 multiplied by the ratio of the amount calculated under subsection B, paragraph 1 to the amount calculated under subsection B, paragraph 2.
  2. If the amount calculated in subsection B, paragraph 2 is less than or equal to the amount calculated in subsection B, paragraph 1, the prior system or plan shall transfer to the present system or plan the greater of the amount calculated in subsection B, paragraph 2 or the member's accumulated contribution account balance.
- D. In the case of an applicant who has withdrawn the applicant's member contributions from another prior system or plan of this state, the applicant shall pay into the new system or plan to which the applicant is transferring an amount equal to the increase in the actuarial present value of the projected benefits provided by the service credits being redeemed and this amount shall be included in the member's current accumulated contribution account balance. This calculation shall be performed by the actuary of the system or plan to which the service credits are being transferred using the same actuarial method and assumptions used in calculating that system's or plan's funding requirements.
- E. Service credits shall not be applied to the applicant's account until such time as complete payment is made to the retirement system or plan to which the applicant is transferring. On completion of the transfer provided for in this article, the member's rights in the retirement system or plan from which the member is transferring are extinguished.
- F. A member electing to transfer to or redeem service with the Public Safety Personnel Retirement System, the Elected Officials' Retirement Plan or the Corrections Officer Retirement Plan pursuant to this section may pay for the service being transferred or redeemed in the form of a lump sum payment to the system or plan, a trustee-to-trustee transfer or a direct rollover of an eligible distribution from a plan described in section 402(c)(8)(B) (iii), (iv), (v) or (vi) of the internal revenue code or a rollover of an eligible distribution from an individual retirement account or annuity described in section 408(a) or (b) of the internal revenue code.

Added as § 38-952 by Laws 1989, Ch. 310, § 16. Renumbered as § 38-922; Amended by Laws 1991, Ch. 270, § 10; Laws 2009, Ch. 35, § 31, effective September 30, 2009. Amended by Laws 2011, Ch. 277.

**PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM  
CORRECTIONS OFFICER RETIREMENT PLAN  
ELECTED OFFICIALS' RETIREMENT PLAN**  
3010 E. Camelback Rd., Suite 200, Phoenix, Arizona 85016  
(602)255-5575 FAX (602)296-2368 www.psprs.com

**APPLICATION TO TRANSFER SERVICE CREDITS BETWEEN MUNICIPAL RETIREMENT SYSTEMS  
AND SPECIAL RETIREMENT PLANS**  
(A.R.S. Sections 38-923 and 38-924)

To: Board of Trustees

Pursuant to A.R.S. Sections 38-923 and 38-924, I hereby make application for a calculation to transfer retirement service credits on account from a municipal retirement system or plan to my current retirement system or plan in this state.

I. Member's Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt No.) (City) (State) (Zip)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

II. Former Retirement System or Plan: \_\_\_\_\_

Former Employer: \_\_\_\_\_

Former Position/Classification: \_\_\_\_\_

Prior Service Dates: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (\_\_\_\_\_ years)

This form will be sent to your prior retirement system or plan to request an actuarial present value or to verify your previous credited service. We cannot send you an offer to transfer credited service until we receive this information.

III. Current Retirement System or Plan: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Service Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Current Position/Classification: \_\_\_\_\_

**PLEASE INITIAL:**

\_\_\_\_\_ **THIS FORM IS AN APPLICATION FOR A QUOTE ONLY AND DOES NOT AUTOMATICALLY TRANSFER MY TIME.**

I hereby certify that the above information is true and correct to the best of my knowledge and request that the Board of Trustees calculate the amounts required to be transferred or paid in order to accomplish the requested transfer pursuant to A.R.S. Sections 38-923 and 38-924.

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Signature of Member

**TITLE 38, CHAPTER 5, ARTICLE 7**  
**TRANSFER OF SERVICE CREDITS BETWEEN MUNICIPAL RETIREMENT SYSTEMS AND SPECIAL RETIREMENT PLANS**

**38-923. Transfer of service credits between municipal retirement systems and special retirement plans; definitions**

- A. An active or inactive member of a retirement system or plan of a municipality of this state or the Public Safety Personnel Retirement System who becomes a member of one or the other of these retirement systems or plans may transfer service credits from the member's prior retirement system or plan to the member's current retirement system or plan pursuant to section 38-924 if all of the following conditions are met:
1. The board or board governing the retirement system or plan from which the service credits are being transferred mutually agrees with the board or board governing the retirement system or plan to which the service credits are being transferred regarding the terms of the transfer.
  2. The transfer does not cause either the retirement system or plan to which the transfer is made or the retirement system or plan from which the transfer is made to incur any unfunded accrued liabilities as a result of the transfer.
  3. The member initiates the transfer by making written application to the governing board or board of the retirement system or plan to which the member is contributing.
- B. An active or inactive member of a retirement system or plan of a municipality of this state or the Corrections Officer Retirement Plan who becomes a member of one or the other of these retirement systems or plans may transfer service credits from the member's prior retirement system or plan to the member's current retirement system or plan pursuant to Section 38-924 if all of the following conditions are met:
1. The board or board governing the retirement system or plan from which the service credits are being transferred mutually agrees with the board or board governing the retirement system or plan to which the service credits are being transferred regarding the terms of the transfer.
  2. The transfer does not cause either the retirement system or plan to which the transfer is made or the retirement system or plan from which the transfer is made to incur any unfunded accrued liabilities as a result of the transfer.
  3. The member initiates the transfer by making written application to the governing board or board of the retirement system or plan to which the member is contributing.
- C. For the purposes of this section:
1. "Active member" means a member who satisfies the eligibility criteria of the retirement system or plan and who is currently making member contributions to or receiving credited service from the retirement system or plan.
  2. "Inactive member" means a member of the retirement system or plan who previously made contributions to the retirement system or plan and who satisfies each of the following:
    - (a) has not retired.
    - (b) is not eligible for active membership in the retirement system or plan.
    - (c) is not currently making contributions to the retirement system or plan.
    - (d) has not withdrawn contributions from the retirement system or plan.
  3. "Municipality" means a city in this state with a population of more than five hundred thousand persons.

Added Laws 2006, Ch. 264, § 22.

**38-924. Transfer of service credits**

- A. Service credits qualified pursuant to section 38-923 may be transferred pursuant to this section.
- B. In the case of a member whose contributions remain on deposit with the prior retirement system or plan, the following shall occur:
1. The prior system or plan shall determine the amount of the member's accumulated contribution account balance under the prior system or plan plus accumulated interest as determined by the governing body of the system or plan.
  2. The system or plan to which the member is transferring shall calculate any increase in the actuarial present value of the projected benefits provided as a result of the transfer of the member's service credits. The actuary of the system or plan to which the service credits are being transferred shall perform this calculation using the actuarial method and assumptions recommended by the actuary and adopted by the governing body of the retirement system or plan.
- C. If a member decides to transfer:
1. The prior system or plan shall transfer to the present system or plan the amount determined pursuant to subsection B, paragraph 1 of this section. if the amount calculated in subsection B, paragraph 2 of this section is greater than the amount determined in subsection B, paragraph 1 of this section, the transferring member shall either elect to pay the difference in order to receive all service credits earned under the prior system or plan or to accept a reduced transfer of service credits. if the member elects to pay the difference, the amount paid shall be added to the member's accumulated contribution account balance. if the member elects to accept a reduced transfer of service credits, the amount of service credits transferred shall be equal to the amount of service credits earned under the prior system or plan corresponding to the amount determined under subsection B, paragraph 1 of this section multiplied by the ratio of the amount calculated under subsection B, paragraph 1 of this section to the amount calculated under subsection B, paragraph 2 of this section.
  2. If the amount calculated in subsection B, paragraph 2 of this section is less than or equal to the amount determined in subsection B, paragraph 1 of this section, the current system or plan shall credit the member with service credits under the current system or plan equal to the service credit earned under the prior system or plan corresponding to the amount determined under subsection B, paragraph 1 of this section.
- D. The retirement system or plan shall not apply service credits to the applicant's account until such time as complete payment is made to the retirement system or plan to which the applicant is transferring. On completion of the transfer provided for in this article, the member's rights in the retirement system or plan from which the member is transferring are extinguished.

Added by Laws 2006, Ch. 264, § 22.

**PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM  
CORRECTIONS OFFICER RETIREMENT PLAN  
ELECTED OFFICIALS' RETIREMENT PLAN**

**FORM U3 - Refunds**

08/11

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P (602) 255-5575

3010 East Camelback Road, Suite 200, Phoenix, Arizona 85016-4416

F (602) 296-2368

[www.psprs.com](http://www.psprs.com)

**LUMP SUM DISTRIBUTION ELECTION FORM FOR REFUNDS**

**Name:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Date of Termination:** \_\_\_\_\_

All or a portion of your refund/distribution may represent TAXABLE monies. If so, you must complete the following with regard to the TAXABLE portion of the distribution received. The non-taxable portion will be paid directly to you. Please review the special tax notice (Available On-Line) and consult with your tax advisor.

Please select Option A, B or C below:

**A. FULL REFUND/DISTRIBUTION TO MEMBER**

The PSPRS, CORP or EORP is directed to make full payment to me, the member, less any applicable withholding described in the Special Tax Notice received with this election form (20% Federal Withholding).

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

**B. DIRECT TRANSFER (Representative of Financial Institution must complete Page 2)**

The PSPRS, CORP or EORP is directed to mail the taxable portion only of my distribution to:

\_\_\_\_\_  
(Name of Financial Institution)

for deposit in accordance with the rollover provisions. The non-taxable portion will be paid directly to me.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

**C. PARTIAL TRANSFER / PARTIAL REFUND/DISTRIBUTION**

The PSPRS, CORP or EORP is directed to mail \$ \_\_\_\_\_ of my distribution to  
(Fill in Amount)

\_\_\_\_\_  
(Name of Financial Institution) for deposit in accordance with the Rollover provisions.

The remainder of the taxable portion, less any applicable withholding described in the Special Tax Notice received with this election form (20% Federal Withholding) and the non-taxable portion will be paid directly to me.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

If Option B or C is selected, THE FINANCIAL INSTITUTION MUST COMPLETE Agreement of Depository Trustee on Page 2. Also, please refer to Page 2 for mailing instructions.

To be completed by Financial Institution of the eligible Retirement Plan or IRA.

AGREEMENT OF DEPOSITORY TRUSTEE

In accordance with the authorization of the depositor on the front of this form, we agree to deposit the forthcoming rollover amount from the PSPRS, CORP or EORP in the following type of account:

(Check one)

- \_\_\_\_1) Section 401(a) Qualified Defined Benefit Plan
- \_\_\_\_2) Section 401(a) Qualified Defined Contribution Plan (includes Section 401K)
- \_\_\_\_3) Section 403(a) Qualified Annuity Plan
- \_\_\_\_4) Section 403(b) Tax Sheltered Annuity
- \_\_\_\_5) Section 408(a) Traditional IRA (includes SEP IRA)
- \_\_\_\_6) Section 408(b) Individual Retirement Annuity
- \_\_\_\_7) Section 457 Governmental Deferred Compensation Plan

Member's Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

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**The following portion must be completed by a representative of the financial institution (not the member).**

\_\_\_\_\_  
Name of Financial Institution (Trustee)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City State Zip

Return to: Board of Trustees  
c/o Public Safety Personnel Retirement System  
Corrections Officer Retirement Plan  
Elected Officials Retirement Plan  
3010 E Camelback RD, Suite 200  
Phoenix Arizona 85016-4416