

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
Page 1 of 1

APPLICATION TO TRANSFER SERVICE CREDITS BETWEEN CORP EMPLOYERS
(A.R.S. Section 38-908)

PLEASE PRINT

MEMBER'S NAME: _____

SOCIAL SECURITY NUMBER: _____ BIRTH DATE: _____

CURRENT EMPLOYER: _____ **SYS#** _____

PREVIOUS EMPLOYER: _____ **SYS#** _____

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: _____

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: _____
