

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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08/11

**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: _____