

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
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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
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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:

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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