

**APPLICATION FOR REVERSE
 DEFERRED RETIREMENT OPTION PLAN**

DATE: ____/____/____

TO: LOCAL RETIREMENT BOARD

Having completed 24 or more years of credited service with the (employer name) _____,
 I, (name) _____, hereby submit my application for the REVERSE DROP under the
 terms of the Arizona Corrections Officer Retirement Plan. I am electing to participate in the REVERSE DROP and terminate
 employment on (date) ____/____/____, acknowledging that my effective date of retirement will be the first day of the
 month following my date of the election (A.R.S. Section 38-885.01(D)(1)). I am further designating as my REVERSE DROP
 date ____/____/____ (This date cannot exceed 60 months prior to my termination of employment or my completion of 24
 years of credited service) (A.R.S. Section 38-885.01(D)(1)). I understand that I will receive benefits from the system using the
 factors of credited service and average monthly benefit compensation in effect on the REVERSE DROP date (A.R.S. SECTION
 38-885.01(D)(3)).

ADDRESS: _____ HOME PHONE NUMBER: (____) ____ - _____

_____ WORK PHONE NUMBER: (____) ____ - _____

EMAIL: _____ CELL PHONE NUMBER: (____) ____ - _____

SPOUSE

Name: _____ Date of Birth: ____/____/____ Date of Marriage: ____/____/____

Social Security Number: ____ - ____ - _____

DEPENDENT CHILDREN

NAME	DATE OF BIRTH	IS CHILD DISABLED?		Is child 18-22 and in school fulltime?	
		YES	NO	YES	NO
_____	____/____/____	YES	NO	YES	NO
_____	____/____/____	YES	NO	YES	NO
_____	____/____/____	YES	NO	YES	NO
_____	____/____/____	YES	NO	YES	NO
_____	____/____/____	YES	NO	YES	NO

NOTE: Please provide a copy of:

1. Your Birth Certificate
2. Your Marriage Certificate
3. Your Spouse's Birth Certificate
4. Your Dependent Children's Birth Certificates
5. If Divorced during period of employment:
 - a. Photocopy of complete Divorce Decree, or
 - b. Certified Copy of Plan-Approved Domestic Relations Order
6. Medical Documentation for Disabled Children. (If applicable)

(NOTE: Please complete 2nd page)

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FORM C4 RDROP

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Name of Member _____ S.S.N. _____ - _____ - _____ Date ____/____/____

1. LEAVE(S) WITHOUT PAY: During my period(s) of covered service, I have been on leave of absence without pay as indicated below:

- (a) None
(b) From ____/____/____ Through ____/____/____ Employer _____
From ____/____/____ Through ____/____/____ Employer _____
From ____/____/____ Through ____/____/____ Employer _____

2. INDUSTRIAL LEAVE: During my period(s) of covered service, I have received compensation benefits under the Worker's Compensation Laws of the State of Arizona as indicated below:

- (a) None
(b) From ____/____/____ Through ____/____/____ Employer _____
From ____/____/____ Through ____/____/____ Employer _____
From ____/____/____ Through ____/____/____ Employer _____

3. The information contained above is true, complete and correct to the best of my knowledge and belief. Further, I HEREBY AUTHORIZE the Local Board, the office of the board of trustees and/or their authorized designee to procure from my employer(s) or from any other person, firm or corporation (including any governmental agency or department thereof) any and all information as directly related to leave(s) of absence without pay and/or application(s) for and/or receipt of Worker's Compensation Benefits. I expressly waive all provision of law forbidding any doctor, person, firm or corporation (including any governmental agency or department thereof) from disclosing any knowledge or information which they have in their possession concerning leave(s) of absence without pay and/or Worker's Compensation. This is a limited release and is only to be in effect from this date to 120 days after first receipt of my retirement benefits.

By completing and signing this application, I hereby acknowledge receiving and reading the attached memorandum of understanding and agreement relating to the REVERSE DROP requirements.

WITNESS SIGNATURE MEMBER'S SIGNATURE

DATE: ____/____/____

EMPLOYER'S CERTIFICATION OF PARTICIPATION IN THE REVERSE DROP

The date that the member elected to participate in the REVERSE DROP and terminate employment is

____/____/____.

BY: _____ Signature and Title