

**PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
CORRECTIONS OFFICER RETIREMENT PLAN
ELECTED OFFICIALS' RETIREMENT PLAN**
3010 East Camelback Road, Suite 200, Phoenix, Arizona 85016-4416
www.psprs.com

FORM U3 - Benefits
08/11
Page 1 of 2
P (602) 255-5575
F (602) 296-2369

LUMP SUM DISTRIBUTION ELECTION FORM FOR BENEFITS
(Note: If you are "refunding" your contributions, complete FORM U3 REFUNDS)

Name of Recipient: _____

SSN of Recipient: _____ Date of Retirement / Death: _____
(N/A for ex-spouse)

SECTION 1 - Distribution Type (check ONE)

DROP / DROP Beneficiary / CORP Reverse DROP OR Lump-Sum Death Benefit

SECTION 2 - Distribution Method (check ONE)

TOTAL Distribution to Recipient

The ENTIRE payment will be made to me less the applicable Federal withholding (generally 20%) based on the taxable portion of benefits. If this option is selected, sign below and return the original (you do not need to complete page 2 of 2.)

OR

Rollover

I elect to roll ALL or PORTION of the TAXABLE benefit to the financial institution(s) as indicated below.

If any portion is NON-TAXABLE, this amount cannot be rolled-over and will be mailed directly to you to the address on file. *Additionally, any amount not stated below will be mailed directly to you less the applicable Federal withholding (generally 20%) based on the taxable portion of benefits.*

List the Financial Institution(s) below and complete the <i>Agreement of Depository Trustee</i> , Page 2 of 2	Amount to Rollover
1)	\$
2)	\$
3)	\$

If applicable, CHECK BOX to:
Send BALANCE to me less the applicable Federal withholding (generally 20%).

SECTION 3 - REQUIRED Signature Below

I authorize the release the appropriate funds in the manner identified above and I acknowledge that I have received a copy of the *Special Tax Notice*.

Signature (Member, Survivor/Beneficiary, or Ex-Spouse)

Date

Return form to your Local Board. (If ex-spouse, return to the PSPRS.)
Benefits will not be paid until the ORIGINAL document(s) are received.

AGREEMENT OF DEPOSITORY TRUSTEE

EACH financial institution MUST complete this page (make additional copies as needed)

In accordance with the authorization of the depositor on the corresponding *Lump Sum Distribution Election Form for Benefits*, we agree to deposit the forthcoming rollover amount in the following account:

Type of Account (check one):

- 1) Sec 401(a) Qualified Defined Benefit Plan
- 2) Sec 401(a) Qualified Defined Contribution Plan (Includes Sec 401k)
- 3) Sec 403(a) Qualified Annuity Plan
- 4) Sec 403(b) Tax Sheltered Annuity
- 5) Sec 408(a) Traditional IRA (Includes SEP IRA)
- 6) Sec 408(b) Individual Retirement Annuity
- 7) Sec 457 Governmental Plan

Name of Account Holder

Account Number

Name of Financial Institution

Signature of Financial Institution Representative

Date

Mailing Address

City

State

Zip

Return form to your Local Board. (If ex-spouse, return to the PSPRS.)
Benefits will not be paid until the ORIGINAL document(s) are received.

Mailing Address

City

State

Zip+4