

MEMBERSHIP FORM

NAME: _____ SEX: M F MARITAL STATUS: _____

SOCIAL SECURITY NUMBER: _____ BIRTH DATE: _____

ADDRESS: _____
(Street) (Apt No.) (City) (State) (Zip)

HOME TELEPHONE NUMBER: _____ E-MAIL: _____

I AM EMPLOYED BY: (CHECK ONLY ONE)

STATE OF ARIZONA

COUNTY OF: (CIRCLE ONE) APACHE COCHISE COCONINO GILA GRAHAM
GREENLEE LA PAZ MARICOPA MOHAVE NAVAJO
PIMA PINAL SANTA CRUZ YAVAPAI YUMA

TOWN OF: _____

CITY OF: _____

POSITION TITLE: _____

MEMBERSHIP DATE: _____ **CURRENT ANNUAL SALARY:** _____

NAME OF SPOUSE: _____ SPOUSE'S BIRTH DATE: _____

SPOUSE'S SOCIAL SECURITY NUMBER: _____ NUMBER OF CHILDREN UNDER AGE 18: _____

BIRTH DATE(S): _____

PREVIOUS EMPLOYMENT: APPLIES ONLY TO PERIODS OF SERVICE AS AN ELECTED OFFICIAL WHICH OCCURRED PRIOR TO MEMBERSHIP DATE SHOWN ON THIS FORM.

	<u>FROM</u>	<u>THROUGH</u>	<u>TITLE OF POSITION</u>	<u>EMPLOYER</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

At completion of the term(s) of office as indicated above, was a refund of Member Contributions processed? Yes No

If I am a State Elected Official who is subject to term limits, by signing this membership form I understand that I had the option to elect not to participate in the Plan but by signing this Membership Form I agree to participate in the Elected Officials' Retirement Plan.

I declare under penalties of perjury that the above information is true, correct and complete to the best of my knowledge and belief.

DATE: _____ EMPLOYEE'S SIGNATURE _____

EMPLOYER ACKNOWLEDGEMENT

I hereby acknowledge that the Membership Date and Position Title information provided by the member above corresponds with the information in our personnel files.

Date Telephone Number Authorized Signature of Employer
SIGNEE TITLE: _____ E-MAIL ADDRESS: _____

BENEFICIARY DESIGNATION

NAME: _____ SSN: _____

In the event of my death, **and after any survivor pension payable from the Plan has terminated**, I direct that my accumulated contributions arising from deductions made from my salaries, in excess of pension payments paid to me or to a survivor, be paid to:

Name(s) of Primary Refund Beneficiary(ies)

whose relationship(s) to me is (are): _____

if living, otherwise to: _____
Name(s) of Contingent Refund Beneficiary(ies)

whose relationship(s) to me is (are): _____

and whose date(s) of birth is (are): _____

if living, otherwise to my nearest of kin as determined by the Board of Trustees. It is agreed that if more than one primary or contingent beneficiary, as the case may be, is named, my said accumulated contributions, if payable, will be paid in equal shares to the survivors, unless otherwise noted.

DATED IN _____, ARIZONA, THIS _____ DAY OF _____, 20____.

CITY OR TOWN DAY MONTH YEAR

SIGNATURE OF EMPLOYEE

NAME OF WITNESS-PRINTED

SIGNATURE OF WITNESS

(Witness must be person other than beneficiaries named above)

When completed, mail to: Elected Officials' Retirement Plan
3010 E. Camelback Rd., Suite 200
Phoenix, Arizona 85016

APPLICATION TO CALCULATE SEVERANCE REFUND REPAYMENT

PLEASE PRINT

1. MEMBER'S NAME: _____ SOC. SEC. NUMBER: _____ - _____ - _____

ADDRESS:

(STREET) (APT. NO.) (CITY) (STATE) (ZIP)

2. CURRENT EMPLOYER: _____ CURRENT DATE OF MEMBERSHIP: _____

PREVIOUS EMPLOYER: _____

PREVIOUS SERVICE DATE: FROM _____ TERMINATION DATE _____

3. AMOUNT REFUNDED (If known): \$ _____ DATE: _____

4. A.R.S. § 38-804, SUBSECTION H:

Notwithstanding subsection G of this section, if an elected official files a written election form with the board of trustees within ninety days after the day of his reemployment as an elected official and repays the amount previously withdrawn pursuant to subsection B or C of this section within one year after the date of his reemployment as an elected official, with interest on that amount at the rate of nine per cent for each year, compounded each year from the date of withdrawal to the date of repayment, credited service shall be restored. Credited service shall not be restored until complete repayment is made to the fund.

I ACKNOWLEDGE READING the above and:

If I agree to reinstate my prior service credits which I previously refunded, I agree to redeposit the amount withdrawn from the system with interest at the rate of 9% compounded each year from the date of withdrawal to the date of repayment. This application does not require me to repay this amount, but I understand that I must pay this amount within one year from my current date of membership in order to reinstate my prior service credits.

Dated: _____

Member's Signature

(The applicant must date and sign this form within **90 days** after re-employment.)

APPLICATION TO REDEEM PRIOR SERVICE
(A.R.S. Section 38-816.A.1-3)

Any present active elected official 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 fund the amounts required under subsection B of this section if the prior service or employment is not on account with any other retirement system or plan.

PLEASE PRINT

1. NAME: _____ SOC. SEC. NUMBER: _____

DATE OF BIRTH: ____/____/____ TELEPHONE NUMBER: (____) ____-____

E-MAIL ADDRESS: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

2. CURRENT EMPLOYER: _____ DATE ENTERED OFFICE: _____

CURRENT POSITION: _____

CURRENT ANNUAL RATE OF SALARY \$ _____

3. PREVIOUS EMPLOYER: _____

DATE OF HIRE: _____ POSITION/TITLE: _____

DATE OF TERMINATION: _____ POSITION/TITLE: _____

4. FOR PARTIAL REDEMPTION ONLY, PLEASE INDICATE PERIOD REQUESTED:

FROM: _____ THROUGH: _____

TOTAL NUMBER OF MONTHS: _____

I hereby certify that the above information is true, complete and correct to the best of my knowledge and belief.

Dated: ____/____/____

Member's Signature

APPLICATION FOR A SEPARATION BENEFIT/DEFERRED BENEFIT

NAME: _____ SOCIAL SECURITY NUMBER: _____

MAILING ADDRESS: _____

Street/Apt: _____
City: _____ State: _____ Zip Code: _____

PHONE NUMBER: _____ BIRTH DATE: _____

MY ELECTION TO THE OFFICE OF: _____

BEGAN ON _____ AND TERMINATED ON _____

I CERTIFY that I have terminated my employment and have not previously received a refund of my contributions to the Plan. The dates of membership and termination in this application and the periods of leave of absence without pay are correct; I understand the terms and requirements for the Refund Option and the Deferred Pension Option below; and I make my election as indicated below:

REFUND OPTION

By INITIALING _____ this Refund Option, I HEREBY make application for the refund of my contributions to the ELECTED OFFICIALS' RETIREMENT PLAN as well as any enhanced refund as provided by law. I fully understand that if I have five (5) or more years of membership under the Plan, that I may elect early retirement or elect a deferred option (see below). I understand that by withdrawal of my contributions, I am forfeiting these rights and any other rights to benefits under the Plan, that my service credits therein will be cancelled and membership will cease (A.R.S. § 38-804). Further, I understand that if I am again employed in a position covered under the Plan, these service credits may be reinstated only if a written election is filed with the Board of Trustees within ninety (90) days of taking office and I redeposit my refund contributions within one (1) year, along with interest to date of redeposit (A.R.S. § 38-804). I further understand that pursuant to A.R.S. § 38-921, I may be entitled to transfer my service credits to a new state retirement system upon subsequent employment in a position not covered by EORP and that by withdrawing my contributions, I am forfeiting all of these rights. **If you elect the REFUND OPTION, a refund check will be mailed to the address shown above after your application is filed and your final wage deduction is transmitted to this office and your termination of covered employment has been verified by the appropriate governing authority.**

DEFERRED PENSION OPTION

By INITIALING _____ this Deferred Pension Option and having five (5) or more years of credited service, I ELECT to leave my contributions on deposit in anticipation of requesting a normal retirement benefit at such time that I become eligible, in accordance with the age requirements as defined in A.R.S. Section 38-805. I understand that election of this option is not binding and that, at my discretion, I may wish to elect a refund or early retirement at some point in time in the future. My final annual salary was \$_____. **If you elect the DEFERRED OPTION and subsequently change your address or name, you must notify this office.**

TAXABLE MONIES

You must complete the information below before a refund check is issued.

- By INITIALING _____, I understand and acknowledge the following:
1. I am aware that I have at least 30 days to decide whether I want to elect a direct rollover or to elect a cash distribution of my taxable monies and I am electing to waive this 30 day waiting period.
 2. I have completed the Lump Sum Distribution Election Form that prescribes certain tax consequences regarding the above taxable monies.
 3. I have received and read the special tax notice regarding these taxable monies and understand the tax consequences explained in the notice and election form.

If this application form is not witnessed or initialed, or if the Lump Sum Distribution Election form is not completed, it will be returned which will cause a delay in the processing of any enhanced portion of your refund.

If you divorced during your employment, provide our office with a copy of your Divorce Decree or Domestic Relations Order. Note: A.R.S. §§ 38-860, 38-910, 38-822 states that if you have been involved in a divorce, the System/Plan is not liable for any benefits you receive. You are considered trustee to the funds and will be the sole party against with whom an action may be brought to recover the payment.

I declare under penalty of perjury that the above information is true, correct and complete to the best of my knowledge and belief.

DATE EMPLOYEE'S SIGNATURE WITNESS

NAME: _____

SSN: _____

EMPLOYER'S CERTIFICATION OF TERMINATION

INSTRUCTIONS: The Employer must complete this Certification of Termination and send it back to the Board of Trustees.

NAME OF GOVERNING AUTHORITY: _____

Applicant's final pay period was from _____ through _____

Last date of employment: _____

Employee contributions for final wage period by applicant total \$ _____

The undersigned representative of the employer hereby certifies that the applicant named above has actually terminated his employment and agrees that any excess refund paid to the applicant due to an overstatement of the total aggregate employee contributions shall be the liability of this governing authority. I also acknowledge that the membership date and termination date provided by the employee above corresponds with the information in our personnel files.

GOVERNING AUTHORITY'S REPRESENTATIVE:

SIGNATURE	TITLE	TELEPHONE NUMBER	DATE
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If you have five or more years of credited service with the plan you are entitled to receive additional monies according to the following schedule:

- 5 to 5.9—25% of member contributions deducted from the member's salary pursuant to A.R.S. § 38-810, subsection A.
- 6 to 6.9—40% of member contributions deducted from the member's salary pursuant to A.R.S. § 38-810, subsection A.
- 7 to 7.9—55% of member contributions deducted from the member's salary pursuant to A.R.S. § 38-810, subsection A.
- 8 to 8.9—70% of member contributions deducted from the member's salary pursuant to A.R.S. § 38-810, subsection A.
- 9 to 9.9—85% of member contributions deducted from the member's salary pursuant to A.R.S. § 38-810, subsection A.
- 10 or more—100% of member contributions deducted from the member's salary pursuant to A.R.S. § 38-810, subsection A, plus interest at 3% after 30 days if left on deposit.

All of the additional monies prescribed above are taxable monies. NOTE: Periods of time during which you were on a leave of absence without pay **do not** count as credited service.

LEAVES OF ABSENCE WITHOUT PAY (Complete only if you have five or more years of credited service)

During my periods of covered service, I have been on leave of absence without pay as indicated below: **(Initial and complete)**

- _____ (a) NONE
- _____ (b) From _____ / _____ / _____ Through _____ / _____ / _____ Employer _____
- From _____ / _____ / _____ Through _____ / _____ / _____ Employer _____
- From _____ / _____ / _____ Through _____ / _____ / _____ Employer _____

EMPLOYER'S CERTIFICATION OF INFORMATION

(Complete only if the employee has five or more years of credited service)

The undersigned representative of the employer hereby certifies that the periods of leave of absence without pay provided by the applicant named on the reverse hereof corresponds with the information in our personnel files.

EMPLOYER'S REPRESENTATIVE:

SIGNATURE	TITLE	TELEPHONE NUMBER	DATE
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**PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
CORRECTIONS OFFICER RETIREMENT PLAN
ELECTED OFFICIALS' RETIREMENT PLAN**
3010 E. Camelback Rd., Suite 200, Phoenix, Arizona 85016
(602)255-5575 FAX (602)296-2368 www.psprs.com

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APPLICATION TO PURCHASE ACTIVE MILITARY SERVICE

(A.R.S. Sections 38-858, 38-907 or 38-820)

A member of the system/plan who has at least **TEN** years of service with the system may receive credited service for periods of active military service performed before employment with the member's current employer

PLEASE PRINT

MEMBER'S NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE: () _____ E-MAIL: _____ BIRTHDATE: _____

CURRENT EMPLOYER: _____

MEMBERSHIP DATE: ____/____/____

CURRENT POSITION/CLASSIFICATION: _____

MONTHS OF ACTIVE MILITARY SERVICE WHICH I REQUEST TO PURCHASE: _____ (Maximum: 60 months)

BRANCH OF MILITARY SERVICE _____

FROM ____/____/____ THROUGH ____/____/____

COPY OF MILITARY SERVICE RECORD (DD-214) ATTACHED (Must Indicate HONORABLE)

COPY OF MILITARY DISCHARGE CERTIFICATE (DD-256A) ATTACHED. IF NOT ATTACHED, PLEASE EXPLAIN: _____

Please **INITIAL** each of the following to indicate your agreement and/or understanding, otherwise this form will not be processed.

____ I was honorably separated

____ This time is Active Military time (reserve time is ineligible)

____ I have not purchased this military time towards any other pension program

The information in this application is true and correct to the best of my knowledge and pursuant to A.R.S. Section 38-858, 38-907 or 38-820 I request that the Board of Trustees calculate the amounts required to be paid in order to receive credited service for previous active military service.

I understand that any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan or attempts to defraud the system or plan is guilty of a Class 6 felony Arizona Revised Statutes Section 38-849 and may result in total loss of benefits under the PSPRS retirement system.

DATE: ____/____/____

Signature of Member

ELECTED OFFICIALS' RETIREMENT PLAN

3010 E. Camelback Rd., Suite 200, Phoenix, Arizona 85016
(602)255-5575 FAX (602)296-2368 www.psprs.com

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ELECTION NOT TO PARTICIPATE IN THE ELECTED OFFICIALS RETIREMENT PLAN

Effective August 6, 1999, A.R.S. § 38-804, subsection A states:

All elected officials are members of the plan, except that a state elected official who is subject to term limits may elect not to participate in the plan. The state elected official who is subject to term limits shall make the election in writing and file the election with the board of trustees within thirty days after the state elected official assumes office. The election is effective on the first day of the state elected official's eligibility for that term of office. The election not to participate is specific for that term of office. If a state elected official who is subject to term limits fails to make an election as provided in this subsection, the state elected official is deemed to have elected to participate in the plan. The election not to participate in the plan is irrevocable and constitutes a waiver of all benefits provided by the plan for the state elected official's entire term, except for any benefits accrued by the state elected official in the plan for periods of participation before being elected to an office subject to term limits or any benefits expressly provided by law. The state elected official who elects not to participate in the plan shall participate in the Arizona state retirement system unless the state elected official makes an irrevocable election not to participate in the Arizona state retirement system as provided in § 38-727.

TO: Board of Trustees, Elected Officials' Retirement Plan

NAME: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

ELECTED OFFICE: _____ DATE OF BIRTH: _____ / _____ / _____

BEGINNING DATE OF CURRENT TERM OF OFFICE: _____ / _____ / _____

ADDRESS: _____ Today's Date: _____ / _____ / _____

NOTICE IS HEREBY GIVEN THAT YOU HAVE BEEN ELECTED TO AN OFFICE THAT IS SUBJECT TO A TERM LIMIT AND PURSUANT TO A.R.S. SECTION 38-804 YOU CAN ELECT NOT TO CONTRIBUTE AND PARTICIPATE IN THE ELECTED OFFICIALS' RETIREMENT PLAN ONLY FOR THIS TERM OF OFFICE.

Pursuant to A.R.S. section 38-804, I hereby make written election to the board of trustees not to participate in the Elected Officials' Retirement Plan. I understand that this election not to participate in the EORP is valid only for my current term of office. I (or we if there is a spouse) understand that the Elected Officials' Retirement Plan has the following benefits which I (or we) waive as a result of this election:

1. Normal retirement benefits for life at age 65 with five or more years of credited service in the plan, age 62 with ten or more years of credited service in the plan or with twenty or more years of credited service in the plan regardless of age.
2. Normal retirement benefits calculated at 4% per year of credited service times my highest three year annual salary.
3. Automatic surviving spouse's and children's benefits if I were to become deceased as a member of the EORP or as a retiree.
4. Disability benefits for life if I am incapacitated for the purposes of performing the duties of this elected office.
5. Early retirement benefits at a reduced rate at any age if I have five or more years of credited service in the plan.
6. Any other benefit as prescribed in Title 38, chapter 5, article 3, Arizona Revised Statutes.

I understand that by making this election I **must** participate in the Arizona State Retirement System unless I make a **separate** irrevocable election not to participate in the Arizona State Retirement System.

DATED: _____ / _____ / _____

Signature of applicant

Witness

Signature of applicant's spouse

APPLICATION FOR MEMBERSHIP WAIVER

Effective August 18, 1987, the Elected Officials' Retirement Plan (EORP) has been amended to read:

A.R.S. Section 38-815. Joinder Agreement

A. Elected officials of an incorporated city or town may participate in the plan if the city or town council enters into a joinder agreement with the board of trustees on behalf of its elected officials....**ALL ELECTED OFFICIALS SHALL BE DESIGNATED FOR MEMBERSHIP UNLESS WRITTEN CONSENT TO THE CONTRARY IS OBTAINED FROM THE BOARD OF TRUSTEES.** A MEMBER SHALL BE QUALIFIED FOR PARTICIPATION IN ORDER TO OBTAIN WRITTEN CONSENT TO THE CONTRARY FROM THE BOARD OF TRUSTEES.

Written consent for waiver of membership by the Board of Trustees shall be based on the following conditions:

1. The member completes this Application for Membership Waiver form and returns it to the Board of Trustees within 30 days of the City or Town's effective date of participation in the Plan.
2. The member has credited service on account with a different retirement system or plan which is not eligible for transfer into the EORP.
3. The member can show a financial detriment by not being able to transfer the ineligible credited service into the EORP.
4. The member agrees to irrevocably waive all rights to participation, rights and benefits in the EORP.

TO: Board of Trustees, Elected Officials' Retirement Plan

NAME: _____ SOCIAL SECURITY NUMBER: _____

EMPLOYER: City (Town) of _____ DATE OF BIRTH: _____

POSITION OR TITLE: _____ EORP MEMBERSHIP DATE: _____

I hereby make written application to the Board of Trustees for a Waiver of my membership rights and benefits under the Arizona Elected Officials' Retirement Plan pursuant to A.R.S. Section 38-815(A) This application is based on the following information:

PRIOR CREDITED SERVICE ON ACCOUNT WITH A DIFFERENT RETIREMENT SYSTEM OR PLAN WHICH IS NOT ELIGIBLE FOR TRANSFER INTO THE ELECTED OFFICIALS' RETIREMENT PLAN:

<u>From</u>	<u>TO</u>	<u>Employer</u>	<u>Position</u>	<u>Retirement System</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

THE FINANCIAL DETRIMENT THAT I WILL INCUR BY NOT BEING ABLE TO TRANSFER THE ABOVE-LISTED PRIOR INELIGIBLE CREDITED SERVICE INTO THE EORP IS AS FOLLOWS (attach a separate sheet, if necessary):

I understand and acknowledge that if my Application for Membership Waiver is accepted and approved by the Board of Trustees, I WILL IRREVOCABLY FORFEIT ANY AND ALL MEMBERSHIP RIGHTS IN THE EORP AS WELL AS ANY AND ALL RIGHTS TO BENEFITS UNDER THE EORP; further, by signing below, I authorize and instruct the Board of Trustees to transfer my accumulated member account balance in the EORP, employer contributions equal to my member account balance and my service credits accumulated under the EORP to _____

DATED: _____

SIGNATURE OF MEMBER

WITNESS

EMPLOYER CERTIFICATION

I hereby acknowledge that the Membership and Position/Title information provided by the member on the reverse side corresponds with the information in our personnel file.

DATED: _____

Authorized Signature of Employer

BOARD OF TRUSTEES ACTION

Based on the information herein provided, the member named herein

Qualifies for Waiver of Membership in the Elected Officials' Retirement Plan.

Does not qualify for Waiver of Membership in the Elected Officials' Retirement Plan.

DATED: _____

BOARD OF TRUSTEES:

by: _____

OUT OF STATE / FEDERAL SERVICE AFFIDAVIT (Employee)

DO NOT ALTER THIS FORM OR USE WHITE OUT

Pursuant to A. R. S. Section 38-816, Any present active elected official 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 fund the amounts required under subsection B of this section if the prior service or employment is not on account with any other retirement system or plan.

I hereby make application for a calculation to redeem service credits refunded from employment 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 to my current retirement system in this state.

Member Name _____ Social Security Number _____ / /
Date of Birth _____

Address (Street) _____ (City) _____ (State) _____ (Zip) _____
Telephone Number _____

Former Employer or Retirement System Name _____ Position Held _____ Contact Person _____

Address (Street) _____ (City) _____ (State) _____ (Zip) _____
Telephone Number _____

Prior Service Dates: From _____ / _____ / _____ to _____ / _____ / _____
Did you receive compensation for your employment during this period of service? Yes No

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 EORP 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 EORP 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 EORP 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 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 38-816.

Signature of Member _____ / /
Date _____

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 _____ / _____ / _____

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 Elected Officials' Retirement Plan. Please verify the following information and answer the questions below:

A

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 by you? Yes No
- If yes, please provide the employment dates: _____ / _____ / _____
Service Date From Service Date Through
- Is/Was the person named above compensated for their employment during the dates of service listed above? Yes No
- 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	_____ / _____ / _____	
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	_____ / _____ / _____	
Title	() - Phone	Retirement System Name

**PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
CORRECTIONS OFFICER RETIREMENT PLAN
ELECTED OFFICIALS' RETIREMENT PLAN**
3010 E. Camelback Rd., Suite 200, Phoenix, Arizona 85016
(602)255-5575 FAX (602)296-2368 www.psprs.com

APPLICATION TO TRANSFER OR REDEEM SERVICE CREDITS BETWEEN ARIZONA RETIREMENT PLANS
(A.R.S. Sections 38-921 and 38-922)

To: Board of Trustees

Pursuant to A.R.S. Sections 38-921 and 38-922, I hereby make application for a calculation to transfer retirement service credits on account or refunded from another retirement system or plan in this state to my current retirement system or plan in this state.

I. Member's Name: _____ Telephone Number: () - _____

Address: _____
(Street) (Apt No.) (City) (State) (Zip)

Social Security Number: - - _____ Date of Birth: / / _____

II. Former Retirement System or Plan: _____

Former Employer: _____
(EMPLOYER WHILE CONTRIBUTING TO FORMER PLAN)

Former Position/Classification: _____

Prior Service Dates: From ____/____/____ to ____/____/____

If redeeming refunded credited service, indicate number of months you wish to have calculated: _____

Did you refund (withdraw) your member contributions from prior retirement system or plan?

YES

NO

This form will be sent to your prior retirement system or plan to request an actuarial present value or to verify your previous credited service. We cannot send you an offer to purchase or transfer credited service until we receive this information.

III. Current Retirement System or Plan: _____

Current Employer: _____

Service Date: ____/____/____

Current Position/Classification: _____

PLEASE INITIAL:

_____ **THIS FORM IS AN APPLICATION FOR A QUOTE ONLY AND DOES NOT AUTOMATICALLY TRANSFER MY TIME.**

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 transferred or paid in order to accomplish the requested transfer pursuant to A.R.S. Sections 38-921 and 38-922.

Dated: ____/____/____

Signature of Member

TITLE 38, CHAPTER 5, ARTICLE 7
TRANSFER TO ANOTHER RETIREMENT SYSTEM OR PLAN

38-921. Transfer of retirement service credits from one retirement system or plan to another retirement system or plan in this state

- A. An active or inactive member of a state retirement system or plan, including the retirement system provided for in article 2 of this chapter, the Elected Officials' Retirement Plan provided for in article 3 of this chapter, the Public Safety Personnel Retirement System provided for in article 4 of this chapter or the Corrections Officer Retirement Plan provided for in article 6 of this chapter may transfer service credits from one system or plan to the member's current or former system or plan pursuant to section 38-922 if all of the following conditions are met:
1. The board or board of trustees governing the retirement system or plan from which the service credits are being transferred mutually agrees with the board or board of trustees governing the retirement system or plan to which the service credits are being transferred regarding the terms of the transfer.
 2. The transfer does not cause either the retirement system or plan to which the transfer is made or the retirement system or plan from which the transfer is made to incur any unfunded accrued liabilities as a result of the transfer.
 3. The member initiates the transfer by making written application to the governing board or board of trustees of the retirement system or plan to which the member is contributing.
- B. For the purposes of this section:
1. "Active member" means a member who satisfies the eligibility criteria of the state retirement system or plan and who is currently making member contributions to or receiving credited service from the state retirement system or plan.
 2. "Inactive member" means a member of the state retirement system or plan who previously made contributions to the state retirement system or plan and who satisfies each of the following:
 - (a) Has not retired.
 - (b) Is not eligible for active membership in the state retirement system or plan.
 - (c) Is not currently making contributions to the state retirement system or plan.
 - (d) Has not withdrawn contributions from the state retirement system or plan.

Added by Laws 1989, Ch.310, § 16; Laws 1995, Ch. 32, § 19; Amended by Laws 2001, Ch. 123 §1.

38-922. Transfer or redemption of service credits

- A. Service credits qualified in accordance with section 38-730 or 38-921 may be transferred or redeemed in accordance with this section.
- B. In the case of a member whose contributions remain on deposit with the prior retirement system or plan, the following shall be calculated:
1. The prior system or plan shall calculate the amount equal to the actuarial present value of a member's projected benefits to the extent funded on a market value basis as of the most recent actuarial valuation under the prior system or plan as calculated by that system's or plan's actuary using the same actuarial method and assumptions used in calculating that system's or plan's funding requirements based on the transferring member's service credits at the time of transfer. If a system's or plan's market value is greater than one hundred per cent, the system or plan shall use a one hundred per cent market value.
 2. The system or plan to which the member is transferring shall calculate the increase in the actuarial present value of the projected benefits provided as a result of the transfer of the member's service credits. This calculation shall be performed by that system's or plan's actuary using the same actuarial method and assumptions used in calculating that system's or plan's funding requirements based on the transferring member's service credits at the time of transfer.
- C. In the event a member decides to transfer:
1. If the amount calculated in subsection B, paragraph 2 is greater than the amount calculated in subsection B, paragraph 1:
 - (a) The prior system or plan shall transfer to the present system or plan the greater of the amount calculated in subsection B, paragraph 1 or the member's accumulated contribution account balance.
 - (b) If the amount transferred is less than the amount calculated under subsection B, paragraph 2, the transferring member shall elect either to pay the difference or to accept a reduced transfer of service credits. If the member elects to pay the difference, the amount paid shall be added to the member's accumulated contribution account balance. If the member elects to accept a reduced transfer of service credits, the amount of service credits transferred shall be equal to the amount of service credits used in making the calculation under subsection B, paragraph 1 multiplied by the ratio of the amount calculated under subsection B, paragraph 1 to the amount calculated under subsection B, paragraph 2.
 2. If the amount calculated in subsection B, paragraph 2 is less than or equal to the amount calculated in subsection B, paragraph 1, the prior system or plan shall transfer to the present system or plan the greater of the amount calculated in subsection B, paragraph 2 or the member's accumulated contribution account balance.
- D. In the case of an applicant who has withdrawn the applicant's member contributions from another prior system or plan of this state, the applicant shall pay into the new system or plan to which the applicant is transferring an amount equal to the increase in the actuarial present value of the projected benefits provided by the service credits being redeemed and this amount shall be included in the member's current accumulated contribution account balance. This calculation shall be performed by the actuary of the system or plan to which the service credits are being transferred using the same actuarial method and assumptions used in calculating that system's or plan's funding requirements.
- E. Service credits shall not be applied to the applicant's account until such time as complete payment is made to the retirement system or plan to which the applicant is transferring. On completion of the transfer provided for in this article, the member's rights in the retirement system or plan from which the member is transferring are extinguished.
- F. A member electing to transfer to or redeem service with the Public Safety Personnel Retirement System, the Elected Officials' Retirement Plan or the Corrections Officer Retirement Plan pursuant to this section may pay for the service being transferred or redeemed in the form of a lump sum payment to the system or plan, a trustee-to-trustee transfer or a direct rollover of an eligible distribution from a plan described in section 402(c)(8)(B) (iii), (iv), (v) or (vi) of the internal revenue code or a rollover of an eligible distribution from an individual retirement account or annuity described in section 408(a) or (b) of the internal revenue code.

Added as § 38-952 by Laws 1989, Ch. 310, § 16. Renumbered as § 38-922; Amended by Laws 1991, Ch. 270, § 10; Laws 2009, Ch. 35, § 31, effective September 30, 2009. Amended by Laws 2011, Ch. 277.

**PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
CORRECTIONS OFFICER RETIREMENT PLAN
ELECTED OFFICIALS' RETIREMENT PLAN**

3010 E. Camelback Rd., Suite 200, Phoenix, Arizona 85016
(602)255-5575 FAX (602)296-2368 www.psprs.com

**APPLICATION TO TRANSFER SERVICE CREDITS BETWEEN MUNICIPAL RETIREMENT SYSTEMS
AND SPECIAL RETIREMENT PLANS**

(A.R.S. Sections 38-923 and 38-924)

To: Board of Trustees

Pursuant to A.R.S. Sections 38-923 and 38-924, I hereby make application for a calculation to transfer retirement service credits on account from a municipal retirement system or plan to my current retirement system or plan in this state.

I. Member's Name: _____ Telephone Number: (____) ____ - _____

Address: _____
(Street) (Apt No.) (City) (State) (Zip)

Social Security Number: _____ - _____ Date of Birth: ____ / ____ / ____

II. Former Retirement System or Plan: _____

Former Employer: _____

Former Position/Classification: _____

Prior Service Dates: From ____ / ____ / ____ to ____ / ____ / ____ (_____ years)

This form will be sent to your prior retirement system or plan to request an actuarial present value or to verify your previous credited service. We cannot send you an offer to transfer credited service until we receive this information.

III. Current Retirement System or Plan: _____

Current Employer: _____

Service Date: ____ / ____ / ____

Current Position/Classification: _____

PLEASE INITIAL:

_____ **THIS FORM IS AN APPLICATION FOR A QUOTE ONLY AND DOES NOT AUTOMATICALLY TRANSFER MY TIME.**

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 transferred or paid in order to accomplish the requested transfer pursuant to A.R.S. Sections 38-923 and 38-924.

Dated: ____ / ____ / ____

Signature of Member

TITLE 38, CHAPTER 5, ARTICLE 7
TRANSFER OF SERVICE CREDITS BETWEEN MUNICIPAL RETIREMENT SYSTEMS AND SPECIAL RETIREMENT PLANS

38-923. Transfer of service credits between municipal retirement systems and special retirement plans; definitions

- A. An active or inactive member of a retirement system or plan of a municipality of this state or the Public Safety Personnel Retirement System who becomes a member of one or the other of these retirement systems or plans may transfer service credits from the member's prior retirement system or plan to the member's current retirement system or plan pursuant to section 38-924 if all of the following conditions are met:
1. The board or board governing the retirement system or plan from which the service credits are being transferred mutually agrees with the board or board governing the retirement system or plan to which the service credits are being transferred regarding the terms of the transfer.
 2. The transfer does not cause either the retirement system or plan to which the transfer is made or the retirement system or plan from which the transfer is made to incur any unfunded accrued liabilities as a result of the transfer.
 3. The member initiates the transfer by making written application to the governing board or board of the retirement system or plan to which the member is contributing.
- B. An active or inactive member of a retirement system or plan of a municipality of this state or the Corrections Officer Retirement Plan who becomes a member of one or the other of these retirement systems or plans may transfer service credits from the member's prior retirement system or plan to the member's current retirement system or plan pursuant to Section 38-924 if all of the following conditions are met:
1. The board or board governing the retirement system or plan from which the service credits are being transferred mutually agrees with the board or board governing the retirement system or plan to which the service credits are being transferred regarding the terms of the transfer.
 2. The transfer does not cause either the retirement system or plan to which the transfer is made or the retirement system or plan from which the transfer is made to incur any unfunded accrued liabilities as a result of the transfer.
 3. The member initiates the transfer by making written application to the governing board or board of the retirement system or plan to which the member is contributing.
- C. For the purposes of this section:
1. "Active member" means a member who satisfies the eligibility criteria of the retirement system or plan and who is currently making member contributions to or receiving credited service from the retirement system or plan.
 2. "Inactive member" means a member of the retirement system or plan who previously made contributions to the retirement system or plan and who satisfies each of the following:
 - (a) has not retired.
 - (b) is not eligible for active membership in the retirement system or plan.
 - (c) is not currently making contributions to the retirement system or plan.
 - (d) has not withdrawn contributions from the retirement system or plan.
 3. "Municipality" means a city in this state with a population of more than five hundred thousand persons.

Added Laws 2006, Ch. 264, § 22.

38-924. Transfer of service credits

- A. Service credits qualified pursuant to section 38-923 may be transferred pursuant to this section.
- B. In the case of a member whose contributions remain on deposit with the prior retirement system or plan, the following shall occur:
1. The prior system or plan shall determine the amount of the member's accumulated contribution account balance under the prior system or plan plus accumulated interest as determined by the governing body of the system or plan.
 2. The system or plan to which the member is transferring shall calculate any increase in the actuarial present value of the projected benefits provided as a result of the transfer of the member's service credits. The actuary of the system or plan to which the service credits are being transferred shall perform this calculation using the actuarial method and assumptions recommended by the actuary and adopted by the governing body of the retirement system or plan.
- C. If a member decides to transfer:
1. The prior system or plan shall transfer to the present system or plan the amount determined pursuant to subsection B, paragraph 1 of this section. if the amount calculated in subsection B, paragraph 2 of this section is greater than the amount determined in subsection B, paragraph 1 of this section, the transferring member shall either elect to pay the difference in order to receive all service credits earned under the prior system or plan or to accept a reduced transfer of service credits. if the member elects to pay the difference, the amount paid shall be added to the member's accumulated contribution account balance. if the member elects to accept a reduced transfer of service credits, the amount of service credits transferred shall be equal to the amount of service credits earned under the prior system or plan corresponding to the amount determined under subsection B, paragraph 1 of this section multiplied by the ratio of the amount calculated under subsection B, paragraph 1 of this section to the amount calculated under subsection B, paragraph 2 of this section.
 2. If the amount calculated in subsection B, paragraph 2 of this section is less than or equal to the amount determined in subsection B, paragraph 1 of this section, the current system or plan shall credit the member with service credits under the current system or plan equal to the service credit earned under the prior system or plan corresponding to the amount determined under subsection B, paragraph 1 of this section.
- D. The retirement system or plan shall not apply service credits to the applicant's account until such time as complete payment is made to the retirement system or plan to which the applicant is transferring. On completion of the transfer provided for in this article, the member's rights in the retirement system or plan from which the member is transferring are extinguished.

Added by Laws 2006, Ch. 264, § 22.

APPLICATION TO TRANSFER OR REDEEM SERVICE CREDITS BETWEEN CITY RETIREMENT PLANS
(A.R.S. Section 38-821)

To: Board of Trustees

Pursuant to A.R.S. § 38-821, I hereby make application for a calculation to transfer retirement service credits on account or refunded from another charter city retirement system or plan in this state to my current retirement system or plan in this state.

I. Member's Name: _____ Telephone No.: (____) _____ - _____

Address: _____
(Street) (City) (State) (Zip)

Social Security No.: _____ - _____ - _____ Date of Birth: ____/____/____

II. Former Retirement System or Plan: _____

Former Employer: _____

Former Position/Classification: _____

Prior Service Dates: From ____/____/____ to ____/____/____

If redeeming refunded service credit, indicate number of months you wish to have calculated: _____

Did you refund your member contributions from prior retirement system or plan?

YES

NO

III. Current Retirement System or Plan: _____

Current Employer: _____

Service Dates: From ____/____/____

Current Position/Classification: _____

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 transferred or paid in order to accomplish the requested transfer pursuant to A.R.S. § 38-821.

Dated: ____/____/____

Signature of Member

**TITLE 38, CHAPTER 5, ARTICLE 7
TRANSFER TO ANOTHER RETIREMENT SYSTEM OR PLAN**

FORM U2E
Page 2 of 2

38-821. Charter city retirement system service credits transfers

A. A member of a charter city retirement system who is an elected official may apply for a transfer of service credits from the charter city retirement system to the elected officials' retirement plan pursuant to this section if all of the following conditions are met:

1. The member initiates the transfer by making written application to the elected officials' retirement plan.
2. The charter city retirement system and the elected officials, retirement plan agree regarding the terms of the transfer.
3. The transfer does not cause either the charter city retirement system or the elected officials' retirement plan to incur any unfunded accrued liabilities as a result of the transfer.

B. Service credits qualified in accordance with subsection a may be transferred or redeemed in accordance with the following:

1. If a member's contributions remain on deposit with the charter city retirement system. The following shall be calculated:
 - (a) the charter city retirement system shall calculate the amount equal to the actuarial present value of a member's projected benefits to the extent funded on a market value basis as of the most recent actuarial valuation under the charter city retirement system as calculated by the system's actuary using the actuarial method and assumptions recommended by the system's actuary and based on the transferring member's service credits at the time of transfer.
 - (b) the elected officials' retirement plan shall calculate the increase in the actuarial present value of the projected benefits provided as a result of the transfer of the member's service credits. This calculation shall be performed by the plan's actuary using the actuarial method and assumptions recommended by the plan's actuary and based on the transferring member's service credits at the time of transfer.
2. If a member decides to transfer:
 - (a) if the amount calculated in paragraph 1, subdivision (b) of this subsection is greater than the amount calculated in paragraph 1, subdivision (a) of this subsection:
 - (i) the charter city retirement system shall transfer to the elected officials' retirement plan the greater of the amount calculated in paragraph 1, subdivision (a) of this subsection or the member's accumulated contribution account balance.
 - (ii) if the amount transferred is less than the amount calculated under paragraph 1, subdivision (b) of this subsection, the transferring member shall elect either to pay the difference or to accept a reduced transfer of service credits. If the member elects to pay the difference, the amount paid shall be added to the member's accumulated contribution account balance. If the member elects to accept a reduced transfer of service credits, the amount of service credits transferred shall be equal to the amount of service credits used in making the calculation under paragraph 1, subdivision (a) of this subsection multiplied by the ratio of the amount calculated under paragraph 1, subdivision (a) of this subsection to the amount calculated under paragraph 1, subdivision (b) of this subsection.
 - (b) if the amount calculated in paragraph 1, subdivision (b) of this subsection is less than or equal to the amount calculated in paragraph 1, subdivision (a) of this subsection, the charter city retirement system shall transfer to the elected officials' retirement plan the greater of the amount calculated in paragraph 1, subdivision (b) of this subsection or the member's accumulated contribution account balance.
3. If an applicant has withdrawn member contributions from the charter city retirement system, the applicant shall pay into the elected officials, retirement plan an amount equal to the increase in the actuarial present value of the projected benefits provided by the service credits being redeemed and this amount shall be included in the member's current accumulated contribution account balance. The actuary of the elected officials' retirement plan shall perform this calculation using the actuarial method and assumptions the actuary recommends.

C. Service credits shall not be applied to the applicant's account until complete payment is made to the elected officials' retirement plan. On completion of the transfer provided for in this section, the member's rights in the charter city retirement system are extinguished.

Added by Laws 1999, Ch. 327, § 20. Amended by Laws 2006, Ch. 264. § 5.

**PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
CORRECTIONS OFFICER RETIREMENT PLAN
ELECTED OFFICIALS' RETIREMENT PLAN**

FORM U3 - Refunds

08/11

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P (602) 255-5575

3010 East Camelback Road, Suite 200, Phoenix, Arizona 85016-4416

F (602) 296-2368

www.psprs.com

LUMP SUM DISTRIBUTION ELECTION FORM FOR REFUNDS

Name: _____

SSN: _____

Date of Termination: _____

All or a portion of your refund/distribution may represent TAXABLE monies. If so, you must complete the following with regard to the TAXABLE portion of the distribution received. The non-taxable portion will be paid directly to you. Please review the special tax notice (Available On-Line) and consult with your tax advisor.

Please select Option A, B or C below:

A. FULL REFUND/DISTRIBUTION TO MEMBER

The PSPRS, CORP or EORP is directed to make full payment to me, the member, less any applicable withholding described in the Special Tax Notice received with this election form (20% Federal Withholding).

Signature of Member

Date

B. DIRECT TRANSFER (Representative of Financial Institution must complete Page 2)

The PSPRS, CORP or EORP is directed to mail the taxable portion only of my distribution to:

(Name of Financial Institution)

for deposit in accordance with the rollover provisions. The non-taxable portion will be paid directly to me.

Signature of Member

Date

C. PARTIAL TRANSFER / PARTIAL REFUND/DISTRIBUTION

The PSPRS, CORP or EORP is directed to mail \$ _____ of my distribution to
(Fill in Amount)

(Name of Financial Institution) for deposit in accordance with the Rollover provisions.

The remainder of the taxable portion, less any applicable withholding described in the Special Tax Notice received with this election form (20% Federal Withholding) and the non-taxable portion will be paid directly to me.

Signature of Member

Date

If Option B or C is selected, THE FINANCIAL INSTITUTION MUST COMPLETE Agreement of Depository Trustee on Page 2. Also, please refer to Page 2 for mailing instructions.

To be completed by Financial Institution of the eligible Retirement Plan or IRA.

AGREEMENT OF DEPOSITORY TRUSTEE

In accordance with the authorization of the depositor on the front of this form, we agree to deposit the forthcoming rollover amount from the PSPRS, CORP or EORP in the following type of account:

(Check one)

- ____ 1) Section 401(a) Qualified Defined Benefit Plan
- ____ 2) Section 401(a) Qualified Defined Contribution Plan (includes Section 401K)
- ____ 3) Section 403(a) Qualified Annuity Plan
- ____ 4) Section 403(b) Tax Sheltered Annuity
- ____ 5) Section 408(a) Traditional IRA (includes SEP IRA)
- ____ 6) Section 408(b) Individual Retirement Annuity
- ____ 7) Section 457 Governmental Deferred Compensation Plan

Member's Name: _____

Account Number: _____

The following portion must be completed by a representative of the financial institution (not the member).

Name of Financial Institution (Trustee)

Authorized Signature

Mailing Address

Date

City State Zip

Return to: Board of Trustees
c/o Public Safety Personnel Retirement System
Corrections Officer Retirement Plan
Elected Officials Retirement Plan
3010 E Camelback RD, Suite 200
Phoenix Arizona 85016-4416