

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: _____