ELECTED OFFICIALS' RETIREMENT PLAN
3010 E. Camelback Rd., Suite 200, Phoenix, Arizona 85016
(602)255-5575 FAX (602)296-2369 www.psprs.com

APPLICATION FOR NORMAL RETIREMENT

TO: ELECTED OFFICIALS' RETIREMENT PLAN DATE: _____

I, _____, hereby submit my application for retirement under the terms of the Arizona Elected Officials' Retirement Plan. I am retiring on _____, acknowledging that the effective date of my retirement will be the first day of the month following the date of retirement, with payments beginning on or about the last day of that month (A.R.S. Section 38-808, Subsection A). If application is being made under a prior law, please state prior system law: _____.

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

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

NOTE: Please provide a copy of all that apply:

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

In order to process your application, this completed application needs to be submitted to the board of trustee's office by the tenth day of the month following your termination of employment date or retirement date.

The information contained in this application is true, complete and correct to the best of my knowledge and belief.

_____ _____

WITNESS SIGNATURE MEMBER'S SIGNATURE