

MEMBERSHIP FORM

PLEASE PRINT

INTERSYSTEM TRANSFER

U2 TRANSFER

_____ M F _____ () - _____
Name Sex Marital Status Home Phone Number
_____ / / _____
Social Security Number Birth Date Email Address

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

_____ / / _____
Name of Spouse Birth Date Number of Children under 18

1. Were you previously employed as a police officer **or** fire fighter in the State of Arizona?

If yes, please fill in the following:

	<u>FROM</u>	<u>THROUGH</u>	<u>TITLE OF POSITION</u>	<u>EMPLOYER</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____

2. Was a refund issued? Circle **Y** or **N**

3. A refund will NOT be issued while you are employed with the same/or another Public Safety employer.

I declare under penalty of perjury that the above information is true, correct and complete, to the best of my knowledge and belief. (A person who knowingly makes any false statement or who falsifies or permits to be falsified any record of the System with an intent to defraud such System is guilty of a Class 6 felony. A.R.S. Section 38-849.B)

_____ Date _____ Signature of Employee

EMPLOYER ACKNOWLEDGMENT

_____ / / _____
Membership Date (with current employer) Employer

_____ \$ _____
Position and Classification (Employee Must Work Full Time 40+ Hours Per Week To Be Eligible) Current Annual Salary

I hereby acknowledge that this person is a full time (40+ hours) employee and the Membership Date and Position or Classification 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: _____

PLEASE PROVIDE A COPY OF THE MEMBER'S SOCIAL SECURITY CARD

BENEFICIARY DESIGNATION

NAME: _____ SSN: _____

In the event of my death, **and after any survivor pension payable from the System 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 Local Retirement Board. 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, on this _____ day of _____, 20 _____.
(City or Town)

SIGNATURE OF EMPLOYEE

NAME OF WITNESS-PRINTED

SIGNATURE OF WITNESS

(Witness must be persons other than beneficiaries named above)

When completed, mail to: Public Safety Personnel Retirement System
3010 E. Camelback Rd., Suite 200
Phoenix, Arizona 85016

When Completed
Return to:

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

FORM P1A
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APPLICATION TO TRANSFER SERVICE CREDITS BETWEEN PSPRS EMPLOYERS
(A.R.S. Section 38-853)

PLEASE PRINT

MEMBER'S NAME: _____

SOCIAL SECURITY NUMBER: _____ BIRTH DATE: _____

CURRENT EMPLOYER: _____ **SYS#** _____

PREVIOUS EMPLOYER: _____ **SYS#** _____

TO BE COMPLETED BY CURRENT EMPLOYER:

I hereby certify that to the best of my knowledge and belief the statements made below are full, true and correct, and reflect the data as contained in our records. **NOTE: Please supply the following information:**

Date of Membership: ____/____/____ Position/Title: _____

____/____/____ (____)____-____ _____
Date Telephone Number Signature of Local Board Secretary or Current Employer

SIGNEE TITLE: _____ E-MAIL ADDRESS: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER:

I hereby certify that to the best of my knowledge and belief the statements made below are full, true and correct, and reflect the data as contained in our records. **NOTE: Please supply the following information:**

Date of Membership: ____/____/____ Position/Title: _____

Date of Termination: ____/____/____ Position/Title: _____

Annual Base Salary: \$_____

____/____/____ (____)____-____ _____
Date Telephone Number Signature of Local Board Secretary or Previous Employer

SIGNEE TITLE: _____ E-MAIL ADDRESS: _____

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 _____

Both employers must be the same and the current date of membership must be within 2 years of the previous termination date (not the date of refund).

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

4. A.R.S. SECTION 38-849, SUBSECTION C (in part):

"...if such former member's reemployment with the same employer occurred within two years after termination date, and, **within ninety days after reemployment** the former member signs a written election consenting to reimburse the fund within one year, the former member shall be required to redeposit the amount withdrawn at the time of the former member's separation from service, with interest thereon at the rate of nine per cent for each year, compounded each year from the date of withdrawal to the date of repayment. Upon satisfaction of this obligation the member's prior service credits shall be reinstated." (emphasis added)

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.

Date

Member Signature

(The applicant must file this form with the Plan within **90 days** after reemployment.)

EMPLOYER ACKNOWLEDGMENT

I hereby acknowledge that the information provided by the member above corresponds with the information in our personnel files, and that this application was submitted within 90 days of the member's reemployment with this agency.

Date

() -
Telephone Number

Authorized Signature of Employer

Signer Title

Email Address

APPLICATION TO REDEEM PRIOR SERVICE WITHIN THE SAME RETIREMENT SYSTEM
(A.R.S. Section 38-853.01)

A.R.S. Section 38-853.01. Redemption of prior service

- A. Each present active member of the system who has at least **TEN** years of service with the system may elect to redeem up to **SIXTY** months of any part of the following prior service or employment by paying into the system any amounts required under subsection B if the prior service or employment is not on account with any other retirement system
- B. Any present active member who elects to redeem any part of the prior service for which the employee is deemed eligible by the board of trustees under this section shall pay into the system the amounts previously withdrawn by the member, if any, as a refund of the member's accumulated contributions plus accumulated interest as determined by the board of trustees and the additional amount, if any, computed by the system's actuary which is necessary to equal the increase in the actuarial present value of projected benefits resulting from the redemption calculated using the actuarial methods and assumptions prescribed by the system's actuary.

PLEASE PRINT

1. _____ - - / /
Member Name Social Security Number Date of Birth

() -
Telephone Number Email Address

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

2. _____
Current Employer

/ / \$
Date of Hire Current Position/Title Current Annual Salary

3. _____
Previous Employer(Employer during prior service)

/ /
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 information provided above is true, complete and correct to the best of my knowledge and belief. I further certify that the position(s) I held during the period requested for redemption were eligible for membership under the PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM pursuant to A.R.S. Section 38-842.

Dated: ____/____/____ _____
Member's Signature

APPLICATION FOR A SEPARATION REFUND OR DEFERRED ANNUITY

NAME: _____ SOCIAL SECURITY NUMBER: _____

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

PHONE NUMBER: _____ BIRTH DATE: _____

MY PSPRS MEMBERSHIP EMPLOYMENT WITH _____
BEGAN ON _____ AND TERMINATED ON _____

I certify that I have terminated my employment; I have not been accepted for employment with any other PSPRS employer; I have not previously received a refund of my accumulated contributions to the PSPRS; 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 Annuity Option below; and I make my election as indicated below:

REFUND OPTION

By INITIALING _____ this Refund Option, I hereby apply for a refund of my accumulated contributions in the Arizona Public Safety Personnel Retirement System as well as any enhanced refund as provided by law. I understand that **BY WITHDRAWING MY ACCUMULATED CONTRIBUTIONS, I TERMINATE MY MEMBERSHIP AND FORFEIT ALL RIGHTS** to benefits under the PSPRS and my rights to rehearing and appeal. I also understand that withdrawing my accumulated REFUND contributions results in my service credits in the PSPRS being cancelled. If I do not withdraw my contributions and I obtain employment with an employer in the PSPRS within two years after my termination, my service credits will be transferred to my record with my new employer. I understand that if I DO NOT withdraw my contributions and I DO NOT obtain employment with an employer in the PSPRS within two years after my termination, the termination of employment shall constitute a break in service, but I may be entitled to a deferred retirement benefit, see below; however, if I again obtain employment with an employer in the PSPRS my service shall be credited only from the date when my most recent re-employment period commences. If I withdraw my accumulated contributions and I am re-employed by the same employer within two years, I can have my service credits reinstated if, within 90 days of reemployment, I sign and file with my local PSPRS board a written election to reimburse the PSPRS and, within one year of reemployment, I repay to the PSPRS the accumulated contributions I withdrew, with interest as provided in A.R.S. § 38-849.C. If the refund includes taxable monies, I hereby acknowledge receiving and reading the special tax notice regarding these taxable monies. 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 PSPRS and that by withdrawing my contributions, I am forfeiting all of these rights. **If the Refund Option is selected, the refund check will be mailed to the address shown above within twenty (20) business days after this completed application, including the Employer's Certification of Termination, is filed with the BOARD OF TRUSTEES, PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM, 3010 E. Camelback Rd., Suite 200, PHOENIX, ARIZONA 85016, and the final wage deduction is sent to the Board of Trustees.**

DEFERRED ANNUITY OPTION

By INITIALING _____ this Deferred Annuity Option A.R.S. 38-846.01, I hereby elect to leave my accumulated contributions on deposit and receive a Deferred Annuity commencing on or after my 62nd birthday. I understand that I may elect this deferred annuity only if I have at least ten years of credited service in the PSPRS. I also understand that if I die and I have accumulated contributions remaining in the PSPRS, those accumulated contributions will be paid to my designated refund beneficiary, if living, or to my designated contingent refund beneficiary, if living, or to my nearest living kin as selected by my local PSPRS board. A Deferred Annuity shall be a lifetime monthly pension actuarially equivalent to the member's accumulated contributions plus an amount paid by the employer, and shall commence on application, on or after the 62nd birthday. The Annuity is not a retirement benefit and annuitants are not entitled to receive any amount prescribed by section 38-845, subsection F, or section 38-846, 38-856 or 38-857. **All changes of address must be reported, in writing, to the local PSPRS board and the Board of Trustees.**

TAXABLE MONIES (All monies contributed after July 1, 2000 are 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 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 with a copy to the Local Board.

NAME OF EMPLOYER: _____

Applicant's final wage period was from _____ through _____

Last date of employment: _____

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

(The Board of Trustees will deduct prior payments, if any, made by the PSPRS to or on behalf of the applicant to arrive at refundable accumulated contributions. A.R.S. Sections 38-842.2 and 38-846.02)

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 the employer. I also acknowledge that the membership date and termination date provided by the employee above corresponds with the information in our personnel files.

EMPLOYER'S REPRESENTATIVE:

SIGNATURE	TITLE	TELEPHONE NUMBER	DATE
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If you have five or more years of credited service with the system 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. § 38-843, subsection C.
- 6 to 6.9—40% of member contributions deducted from the member's salary pursuant to A.R.S. § 38-843, subsection C.
- 7 to 7.9—55% of member contributions deducted from the member's salary pursuant to A.R.S. § 38-843, subsection C.
- 8 to 8.9—70% of member contributions deducted from the member's salary pursuant to A.R.S. § 38-843, subsection C.
- 9 to 9.9—85% of member contributions deducted from the member's salary pursuant to A.R.S. § 38-843, subsection C.
- 10 or more—100% of member contributions deducted from the member's salary pursuant to A.R.S. § 38-843, subsection C, 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

APPLICATION FOR OPTION TO CONTRIBUTE DURING INDUSTRIAL LEAVE

A.R.S. Section 38-843 provides in part:

B. "...An employer shall have the option of paying a higher level percent of compensation thereby reducing its unfunded past service liability. An employer shall also have the option of increasing its contributions in order to reduce the contributions required from its members under subsection C, except that is an employer elects this option the employer shall pay the same higher level percentage contribution for all members of the eligible group. During a period when an employee is on industrial leave and the employee elects to continue contributions during the period of industrial leave, the employer shall make the contributions based on the compensation the employee would have received in his job classification if the employee was in normal employment status..."

C. "Each member, throughout the member's period of service from the member's effective date of participation, shall contribute to the fund an amount equal to the amount prescribed in subsection E, except as provided in subsection B. During a period when an employee is on industrial leave and the employee elects to continue contributions during the period of industrial leave, the employee shall make the employee's contribution based on the compensation the employee would have received in the employee's job classification if the employee was in normal employment status..."

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

DURING MY PERIOD OF EMPLOYMENT WITH _____,
I WILL RECEIVE COMPENSATION BENEFITS UNDER THE ARIZONA STATE WORKERS' COMPENSATION LAWS.
PURSUANT TO A.R.S. SECTION 38-843, SUBSECTIONS B AND C,

PLEASE INITIAL ONE: Beginning ____/____/____, I ELECT TO CONTINUE
 I ELECT TO STOP

MAKING CONTRIBUTIONS TO THE PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM DURING MY PERIOD OF INDUSTRIAL LEAVE.

IF I ELECT TO CONTINUE MAKING CONTRIBUTIONS TO THE PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM DURING THE PERIOD I AM ON INDUSTRIAL LEAVE, MY EMPLOYEE AND EMPLOYER CONTRIBUTIONS WILL BE BASED ON THE COMPENSATION I WOULD HAVE RECEIVED IN MY JOB CLASSIFICATION AS IF I WAS IN NORMAL EMPLOYMENT STATUS.

IF I ELECT TO STOP MAKING CONTRIBUTIONS TO THE PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM DURING THE PERIOD I AM ON INDUSTRIAL LEAVE, IN DETERMINING MY NORMAL RETIREMENT DATE, THIS PERIOD WILL BE CONSIDERED AS "SERVICE" BUT NOT "CREDITED SERVICE".

MEMBER:

_____/_____/____ (____)____ - _____
Date Telephone Number Member's Signature

E-MAIL ADDRESS: _____

EMPLOYER:

_____/_____/____ (____)____ - _____
Date Telephone Number Authorized Signature of Employer

E-MAIL ADDRESS: _____ TITLE: _____

OUT OF STATE SERVICE AFFIDAVIT (Employee)

DO NOT ALTER THIS FORM OR USE WHITE OUT

Pursuant to A.R.S. 38-853.01, Each present active member of the system who has at least **TEN** years of service with the system may elect to redeem up to **SIXTY** months of any part of the following prior service or employment by paying into the system any amounts required under subsection B if the prior service or employment is not on account with any other retirement system.

I hereby make application for a calculation to redeem service credits refunded from an agency of the United States government, a state of the United States or a political subdivision of this state or of a state of the United States as a full-time paid firefighter or full-time paid certified peace officer to my current retirement system in this state.

Member Name _____ Social Security Number _____ - - _____ / / _____
Date of Birth () - _____
Telephone Number _____
Address (Street) _____ (City) _____ (State) _____ (Zip) _____
Former Employer or Retirement System Name _____ Position Held _____ Contact Person _____
Address (Street) _____ (City) _____ (State) _____ (Zip) _____
Telephone Number () - _____
Prior Service Dates: From _____ / / _____ to _____ / / _____
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 PSPRS 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 PSPRS 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 PSPRS 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 as a full-time paid certified peace officer or firefighter by the above employer during the dates listed.
_____ 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.

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 38-853.01.

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 Public Safety Personnel Retirement System. 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:

1. Is/Was the person named above employed with your system as a full-time paid firefighter or full-time paid certified peace officer? Yes No
2. If yes, please provide the full-time paid certified service dates: / / Service Date From / / Service Date Through Yes No
3. 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	Date	
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:

1. Does this member still have member contributions in your retirement plan? Yes No
2. 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	Date	
Title	() - Phone	Retirement System Name

When Completed
Return to:

PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
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 REDEEM TIME WITH AN ARIZONA PUBLIC SAFETY EMPLOYER PRIOR TO JOINDER DATE
(A.R.S. Section 38-853.01 Subsection A)

38-853.01 Redemption of prior service

A. Each present active member of the system who has at least **TEN** years of service with the system who had previous service in this state as an employee with an employer now covered by the system as a full-time paid firefighter or full-time paid certified peace officer may elect to redeem up to **SIXTY** months of any part of the prior service by paying into the system any amounts required under subsection B if the prior service is not on account with any other retirement system.

PLEASE PRINT

MEMBER'S NAME: _____

SOCIAL SECURITY NUMBER: _____ BIRTH DATE: _____ / _____ / _____

ADDRESS: _____

PHONE NUMBER: () _____ E-MAIL ADDRESS: _____

CURRENT EMPLOYER:

Date of Membership: _____ / _____ / _____ Position/Title: _____

PREVIOUS EMPLOYER:

Service Date From: _____ / _____ / _____ Position/Title: _____

Service Date Through: _____ / _____ / _____

Please indicate the number of months you wish to have calculated: _____

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. 38-853.01.

Dated: _____ / _____ / _____

Signature of Member

TO BE COMPLETED BY PREVIOUS EMPLOYER:

I hereby certify that to the best of my knowledge and belief the information provided below is true and correct, and reflects the data as contained in our records.

Please provide the full-time paid certified service dates: _____ / _____ / _____ Service Date From _____ / _____ / _____ Service Date Through

Position/Title: _____

Has this member forfeited any and all rights to a benefit(s) under the former retirement system? Yes No N/A

_____/_____/_____ (_____)_____-_____
Date Telephone Number Signature of Previous Employer

SIGNEE TITLE: _____ E-MAIL ADDRESS: _____

**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.

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

FORM U3 - Refunds

08/11

Page 1 of 2

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