PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
3010 E. Camelback Rd., Suite 200, Phoenix, Arizona 85016
(602)255-5575 FAX (602)255-5572 www.psprs.com

AFFIDAVIT TO REDEEM PRIOR RURAL METRO / CONTRACT SERVICE

(A.R.S. Section 38-853.01(A)(2)

A.R.S. Section 38-853.01(A)(2) 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 is not on account with any other retirement system.

2. Subject to any limitations prescribed by federal law, prior employment as an employee with a corporation that contracted with an employer now covered by the system to provide firefighting services on behalf of that employer as a full-time paid firefighter or that provided firefighting services for a political subdivision of this state.

PLEASE PRINT

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

_( ) - _____ _____
Telephone Number Address City State Zip

_____ _____
Current Employer Current Position/Title

_____
Previous Employer ***WITH RURAL METRO***

_____/_____/_____ | _____/_____/_____
Date of Hire | Date of Termination

AMOUNT OF TIME I WANT CALCULATED: (Please Pick One)
_____ **ALL (✓) or** _____**# OF MONTHS or** **$**_____ **DOLLAR AMOUNT**

Please *INITIAL* each of the following to indicate your agreement, otherwise this form will not be processed:

_____ I have participated with a PSPRS employer for at least 5 years (if using 401a, 401k, 408a, 408b, or personal monies).
_____ I was a full-time paid firefighter with Rural Metro.
_____ I have not been credited with Rural Metro service in another plan.
_____ I confirm that my service with Rural Metro was with an employer now participating in PSPRS.
_____ I understand my purchase may be limited based upon the payment method I use.

The information in this application is true and correct to the best of my knowledge and pursuant to A.R.S. Section 38-853.01. I request that the board of trustees calculate the amounts required to be paid in order to receive Rural Metro time.

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.

This transaction is subject to audit.

Signature and Notary

Member Signature	Date

State of Arizona)
)
County of _____)
Subscribed and sworn (or affirmed) before me this _____ day of _____,
20____

(seal)

_____
Notary Public