

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 PSR**  
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08/11

**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: \_\_\_\_\_