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

_____ for deposit in accordance with the Rollover provisions.
(Name of Financial Institution)

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