

**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 _____ / _____ / _____ ( ) -	
Address (Street) _____		(City) _____	(State) _____	(Zip) _____	Telephone Number _____
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 _____ / _____ / _____
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State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing was acknowledged before me on this \_\_\_\_\_

Day of \_\_\_\_\_, 20 \_\_\_\_\_

By \_\_\_\_\_  
(Member's Name)

Notary Seal

Notary Public Signature _____	My Commission Expires _____ / _____ / _____
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**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**

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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	

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**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.

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Authorized Signature of Previous Employer	/ /	Date
Title	( ) -	Phone
		Agency Name

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**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.

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Authorized Signature of Retirement Plan Administrator	/ /	Date
Title	( ) -	Phone
		Retirement System Name

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