

**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) 255-5572

**LUMP SUM DISTRIBUTION ELECTION FORM FOR REFUNDS**

**Member's  
Name:** \_\_\_\_\_

**Alternate  
Payee's Name:** \_\_\_\_\_

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

**Alternate Payee's  
address:** \_\_\_\_\_

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 unless you specifically request otherwise. 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 ALTERNATE PAYEE**

The PSPRS, CORP or EORP is directed to make full payment to me, the alternate payee, less any applicable withholding described in the Special Tax Notice received with this election form (20% Federal Withholding).

\_\_\_\_\_  
Signature of Alternate Payee

\_\_\_\_\_  
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 Trustee)

for deposit in accordance with the rollover provisions. The non-taxable portion will be paid directly to me unless I specifically request otherwise.

\_\_\_\_\_  
Signature of Alternate Payee

\_\_\_\_\_  
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 Trustee)

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, the member, unless I specifically request otherwise.

\_\_\_\_\_  
Signature of Alternate Payee

\_\_\_\_\_  
Date

If Option B or C is selected, THE TRUSTEE MUST COMPLETE Agreement of Depository Trustee on Page 2. Also, please refer to Page 2 for mailing instructions.

**ALTERNATE PAYEE'S NAME:**

\_\_\_\_\_

To be completed by Trustee of 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 account:

Type of Account: (check one)

- \_\_\_\_\_ 1) Sec 401(a) Qualified Defined Benefit Plan
- \_\_\_\_\_ 2) Sec 401(a) Qualified Defined Contribution Plan (Includes Sec 401 (k))
- \_\_\_\_\_ 3) Sec 403(a) Qualified Annuity Plan
- \_\_\_\_\_ 4) Sec 403(b) Tax Sheltered Annuity
- \_\_\_\_\_ 5) Sec 408(a) Traditional IRA (Includes SEP IRA)
- \_\_\_\_\_ 6) Sec 408 (b) Individual Retirement Annuity
- \_\_\_\_\_ 7) Sec 457 Governmental Deferred Compensation Plan

Account Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Name of 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