

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

3010 East Camelback Road, Suite 200
Phoenix, Arizona 85016-4416
www.psprs.com
(602) 255-5575

Form 8
08/11

Fax **OR** Mail form to:
Non-retired Fax
(602) 296-2368

Retired Fax
(602) 296-2369

BENEFICIARY DESIGNATION FORM

Section 6109 of the Internal Revenue Code mandates disclosure of your Social Security number (SSN). We will only use your SSN to obtain account information and to inform the Internal Revenue Service (IRS) of distributions and withholdings.

SECTION 1 – PRINT Information		
SSN	RETIREE SYSID (if known)	Status (check one) <input type="checkbox"/> Non-retired <input type="checkbox"/> Retired
Date of Birth (MM/DD/YYYY)	Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	If non-retired, provide employer:
Name (Last)	(First)	(Middle)
Address – City, State and ZIP Code +4		E-mail Address
Home Telephone # ()	Cell # ()	Work # ()
SECTION 2 – IMPORTANT Beneficiary Information		
<ul style="list-style-type: none"> • An AUTOMATIC survivor benefit will pay your: <ul style="list-style-type: none"> ○ Eligible Spouse. If you are currently receiving a monthly benefit, statute requires two consecutive years of marriage. ○ Eligible Child(ren) that is(are) unmarried, under the age of 18, and/or attending full-time school between the ages of 18 to 23 plus disabled child(ren) if disability occurred before the age of 23 and who is a dependent of the member. • If there is no eligible spouse or eligible child(ren), the balance of the applicable contributions, if any, will be paid to the named beneficiary(ies) indicated below. If there is no beneficiary, your Local Board will determine the next-of-kin. • Note: Divorce automatically terminates the ex-spouse as the member's beneficiary. To maintain an ex-spouse as a beneficiary, you must complete a <i>Beneficiary Designation Form</i> after the date of the divorce. 		
<input checked="" type="checkbox"/> Primary		
SSN	Name of Beneficiary (Last, First, Middle)	Relationship (check one) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Fiancé <input type="checkbox"/> Friend <input type="checkbox"/> Other
Birth Date (MM/DD/YYYY)	Address (City, State, ZIP Code +4)	Telephone # ()
Check ONE <input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary (If not checked, the following beneficiary is a primary beneficiary)		
SSN	Name of Beneficiary (Last, First, Middle)	Relationship (check one) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Fiancé <input type="checkbox"/> Friend <input type="checkbox"/> Other
Birth Date (MM/DD/YYYY)	Address (City, State, ZIP Code +4)	Telephone # ()
Check ONE <input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary (If not checked, the following beneficiary is a primary beneficiary)		
SSN	Name of Beneficiary (Last, First, Middle)	Relationship (check one) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Fiancé <input type="checkbox"/> Friend <input type="checkbox"/> Other
Birth Date (MM/DD/YYYY)	Address (City, State, ZIP Code +4)	Telephone # ()
SECTION 3 – REQUIRED Signature - If not previously provided and signing as a Power of Attorney or Guardian, provide our office with a complete copy of the appointment documentation.		
PRINT Witness Name (cannot be beneficiary stated above)	Witness Signature	Date
Member's Signature		Date

For additional beneficiaries, copy and attach this form. Check this box if there is an additional form.