

**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 9
08/11

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

Retired Fax
(602) 296-2369

ADDRESS AND NAME CHANGE 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		Status (check one) <input type="checkbox"/> Non-retired <input type="checkbox"/> Retired <input type="checkbox"/> Survivor/Guardian <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Refunding	
RETIREE SYSID (if known)	Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	If non-retired, provide employer:	If ex-spouse, provide member's name:
Name (Last)		(First)	(Middle)
E-mail Address			Date of Birth (MM/DD/YYYY)
Home Telephone # ()	Cell # ()	Work # ()	
SECTION 2 – PRIMARY Mailing Address			
Mailing Address			
City		State	ZIP Code +4
Secondary Address (if different from above)			
Address			
City		State	ZIP Code +4
SECTION 3 – PRINT Name Change – Include a copy of a legal document showing your name change (e.g., driver's license, marriage certificate, divorce decree, passport, etc.)			
Current Name (Last, First, Middle)		New Name (Last, First, Middle)	
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.			
Signature			Date

We must receive a properly completed form by the 10th of the month in order to be processed that month.