

PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM

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FORM P12 DROP

08/11

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NOTIFICATION OF DROP BENEFITS AND ELECTION

BEN TYPE: _____

MEMBER'S NAME _____

DATE FIRST DROP BENEFIT CREDITED: ___ / ___ / ___ DATE LAST DROP BENEFIT CREDITED: ___ / ___ / ___

PAYABLE TO: _____
(Name of Member)

TYPE OF BENEFIT: Deferred Retirement Option Plan

BENEFITS UNDER ARIZONA PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM:

Monthly benefit credited to the DROP account or monthly pension payable to member: \$ _____

The Local Retirement Board has met on _____ and determined that the applicant above is eligible for DROP and the DROP credit as shown above: (date)

Name of Board

Signature of Board Chairman or Secretary

ELECTION AND ACCEPTANCE BY MEMBER

(Initial)

I ELECT TO ACCEPT the Deferred Retirement Option Plan credit as determined above, representing the DROP _____ benefits payable to me under the Public Safety Personnel Retirement System.

I UNDERSTAND that this election to receive DROP credits pursuant to this document and under the PSPRS may not be revoked and is binding upon me or any beneficiary or survivor unless otherwise provided by law.

___ / ___ / ___
Date

Signature of Member

Signature of Witness

TO BE COMPLETED UPON TERMINATION OF EMPLOYMENT AT THE END OF THE DROP PERIOD

Member:

I am terminating employment and retiring on ___ / ___ / ___ acknowledging that the effective date of my retirement will be the first day of the following month with payments beginning on or about the last day of that month.

Signature

Current Address: _____

Employer certification of termination date:

Member's employment will terminate on: ___ / ___ / ___ Signature and title: _____

The Local Retirement Board has met on _____ and determined that the member is eligible for the benefit payments as shown above: (date)

Signature of Board Chairman or Secretary: _____