

**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](http://www.psprs.com)  
(602) 255-5575

**Form P8 DROP**  
8/11

Fax **OR** Mail form to:  
**Non-retired Fax**  
(602) 296-2368  
**Retired Fax**  
(602) 296-2369

Deferred Retirement Option Plan (DROP)

**DROP 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	Member's Name (Last)	(First)	(Middle)
RETIREE SYSID (if known)	Date of Birth (MM/DD/YYYY)	Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address – City, State, ZIP+4		E-mail Address	
Home Telephone # ( )	Cell # ( )	Work # ( )	

**SECTION 2 – IMPORTANT DROP Beneficiary Information**

- Pursuant to A.R.S. § 38-844.07, a member shall not make a beneficiary designation that results in an abrogation of a member's community property obligations under the applicable laws of this state. **If you are married and designate someone other than your spouse, by signing this form, your spouse agrees to a spousal waiver of your DROP accumulated amounts. This spousal waiver is only effective for your DROP accumulated benefit.**
- NOTE: Divorce automatically terminates the ex-spouse as the member's beneficiary. To maintain an ex-spouse as a beneficiary, you **must** complete a DROP Beneficiary Designation Form after the date of the divorce.

**Primary**

SSN	Name of <b><u>DROP</u></b> 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+4)	Telephone # ( )

**Check ONE**  Primary OR  Secondary (If not checked, the following beneficiary is a primary beneficiary)

SSN	Name of <b><u>DROP</u></b> 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+4)	Telephone # ( )

**Check ONE**  Primary OR  Secondary (If not checked, the following beneficiary is a primary beneficiary)

SSN	Name of <b><u>DROP</u></b> 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+4)	Telephone # ( )

**SECTION 3 – REQUIRED Signatures** – If not previously provided and signature is a Power of Attorney (POA), provide our office with a copy of the POA .

PRINT Witness Name (cannot be beneficiary stated above)	Witness Signature	Date
Member's Signature		Date

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