

**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)

**FORM U3 - Benefits**  
08/11  
Page 1 of 2  
P (602) 255-5575  
F (602) 296-2369

**LUMP SUM DISTRIBUTION ELECTION FORM FOR BENEFITS**  
(Note: If you are "refunding" your contributions, complete FORM U3 REFUNDS)

Name of Recipient: \_\_\_\_\_

SSN of Recipient: \_\_\_\_\_ Date of Retirement / Death: \_\_\_\_\_  
(N/A for ex-spouse)

**SECTION 1 - Distribution Type (check ONE)**

DROP / DROP Beneficiary / CORP Reverse DROP      OR       Lump-Sum Death Benefit

**SECTION 2 - Distribution Method (check ONE)**

**TOTAL Distribution to Recipient**

The ENTIRE payment will be made to me less the applicable Federal withholding (generally 20%) based on the taxable portion of benefits. If this option is selected, sign below and return the original (you do not need to complete page 2 of 2.)

OR

**Rollover**

I elect to roll ALL or PORTION of the TAXABLE benefit to the financial institution(s) as indicated below.

If any portion is NON-TAXABLE, this amount cannot be rolled-over and will be mailed directly to you to the address on file. *Additionally, any amount not stated below will be mailed directly to you less the applicable Federal withholding (generally 20%) based on the taxable portion of benefits.*

List the Financial Institution(s) below and complete the <i>Agreement of Depository Trustee</i> , Page 2 of 2	Amount to Rollover
1)	\$
2)	\$
3)	\$
<input type="checkbox"/> If applicable, CHECK BOX to: <b>Send BALANCE to me</b> less the applicable Federal withholding (generally 20%).	

**SECTION 3 – REQUIRED Signature Below**

I authorize the release the appropriate funds in the manner identified above and I acknowledge that I have received a copy of the *Special Tax Notice*.

\_\_\_\_\_  
Signature (Member, Survivor/Beneficiary, or Ex-Spouse)

\_\_\_\_\_  
Date

Return form to your Local Board. (If ex-spouse, return to the PSPRS.)  
**Benefits will not be paid until the ORIGINAL document(s) are received.**

**AGREEMENT OF DEPOSITORY TRUSTEE**

EACH financial institution MUST complete this page (make additional copies as needed)

In accordance with the authorization of the depositor on the corresponding *Lump Sum Distribution Election Form for Benefits*, we agree to deposit the forthcoming rollover amount 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 401k)
- 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 Plan

\_\_\_\_\_  
Name of Account Holder

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

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Signature of Financial Institution Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Return form to your Local Board. (If ex-spouse, return to the PSPRS.)  
**Benefits will not be paid until the ORIGINAL document(s) are received.**

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip+4