

PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM

3010 E. Camelback Rd., Suite 200, Phoenix, Arizona 85016
(602)255-5575 FAX (602)296-2369 www.psprs.com

FORM P12

08/11

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NOTIFICATION OF BENEFITS AND ELECTION

DATE
RETIRED: ____/____/____

MEMBER'S NAME: _____ DATE FIRST PAYMENT DUE: ____/____/____

PAYABLE TO: _____
(Name of Member, Survivor or Guardian)

TYPE OF BENEFIT: Catastrophic Temporary Disability Normal Retirement Accidental Disability Deferred Annuity Survivor Ordinary Disability Guardian

1. BENEFITS UNDER ARIZONA PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM:

- a) Monthly pension payable to member: \$ _____
- b) Monthly pension payable to surviving spouse or guardian:
If applicant is a member, the spouse's benefit shown here will be payable upon death of the retired member. The spouse's benefit ceases upon death; the guardian's benefit ceases when youngest child is no longer eligible. (A.R.S. 38-846) \$ _____
- c) Monthly benefit payable to each eligible child under age 18 and unmarried, or disabled. (A.R.S. 38-842) \$ _____

2. BENEFITS FROM PRIOR SYSTEMS:

The applicant may elect to receive the following benefits because of membership in a prior retirement system in lieu of the above. (A.R.S. 38-854) \$ _____

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

Name of Board

Signature of Board Chairman or Secretary

ELECTION AND ACCEPTANCE BY MEMBER OR SURVIVOR

(Initial the appropriate line below)

(Initial)
I ELECT TO ACCEPT the type of pension benefit reflected above as well as the amount of benefits as determined under ITEM 1 above, representing the benefits payable to me and to my survivors under the Public Safety Personnel Retirement System.

I ELECT TO RECEIVE the benefits under ITEM 2 in accordance with the prior retirement system designated as _____.

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

Date

Signature of Member, Survivor or Guardian

Witness Signature