

**PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
CORRECTIONS OFFICER RETIREMENT PLAN
ELECTED OFFICIALS' RETIREMENT PLAN**

Form 8
09/2019

Non-retired Members
Fax (602) 296-2368
OR scan/email to
ActiveMembersGroup@psprs.com

3010 East Camelback Road, Suite 200
Phoenix, Arizona 85016-4416
www.psprs.com
(602) 255-5575

Retired/DROP Members
Fax (602) 296-2369
OR scan/email to
BenefitsGroup@psprs.com

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 Member Information			
SSN	SYSID (if known)	<input type="checkbox"/> Non-retired <input type="checkbox"/> Retired <input type="checkbox"/> DROP For DROP payment, complete DROP Beneficiary Designation Form (P8DROP)	
Date of Birth (MM/DD/YYYY)	E-mail Address (We will also update the "Members Only" in http://www.psprs.com)		
Last Name		First Name, Middle Initial	
New Address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mailing Address - City, State and ZIP +4		County
Home Phone # ()	Cell # ()	Work # ()	
SECTION 2 – IMPORTANT Beneficiary Information			
<ul style="list-style-type: none"> • Pursuant to statute, an AUTOMATIC survivor benefit pays your: <ul style="list-style-type: none"> ○ Eligible Spouse. Proof of recorded marriage license/certificate will be required. Failure to provide acceptable documentation may affect the surviving spouse benefits. If you are currently receiving a monthly benefit, statute requires two consecutive years of marriage. ○ Eligible Child(ren) that is(are) unmarried, under the age of 18, and/or attending full-time school between the ages of 18 to 23, plus disabled child(ren) if disability occurred before the age of 23 and who is(are) a dependent of the member. • If no eligible spouse or eligible child(ren), the balance of any applicable contributions, if any, will be paid to the named beneficiary(ies) indicated below. • To update your beneficiary for your Deferred Retirement Option Plan (DROP) payment, complete a <i>DROP Beneficiary Designation Form (P8DROP)</i>. • Note: Divorce automatically terminates your ex-spouse for a surviving spouse pension; however, to maintain your ex-spouse as a beneficiary of any remaining contributions on account, you <u>must</u> complete a new Beneficiary Designation Form <u>after</u> the date of divorce. 			
<input checked="" type="checkbox"/> Primary Beneficiary Name(s)			
SSN	Name of Beneficiary (Last, First, Middle)	Relationship (check one) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Disabled Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other	
Birth Date (MM/DD/YYYY)	Address (City, State, ZIP +4)	Telephone # ()	
Check ONE <input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary Beneficiary (If not checked, the following beneficiary is a Primary Beneficiary)			
SSN	Name of Beneficiary (Last, First, Middle)	Relationship (check one) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Disabled Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other	
Birth Date (MM/DD/YYYY)	Address (City, State, ZIP +4)	Telephone # ()	
Check ONE <input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary Beneficiary (If not checked, the following beneficiary is a Primary Beneficiary)			
SSN	Name of Beneficiary (Last, First, Middle)	Relationship (check one) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Disabled Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other	
Birth Date (MM/DD/YYYY)	Address (City, State, ZIP +4)	Telephone # ()	
SECTION 3 – REQUIRED Signatures (electronic signature cannot be accepted)			
PRINT Witness Name (cannot be a beneficiary listed above)		Witness Signature	Date
Member's Signature			Date

If signing as a POA or Guardian, if you have not already done so, provide our office with a copy of your appointment papers.
 For additional beneficiaries, copy and attach this form. Check this box if there is an additional form attached.