

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

09/2019

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

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

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

AUTHORIZATION FOR RELEASE OF INFORMATION

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 (last 4 of the SSN is acceptable)	SYSID (if known)	Status (check one) <input type="checkbox"/> Non-retired <input type="checkbox"/> DROP <input type="checkbox"/> Retired <input type="checkbox"/> Survivor/Guardian
Name (Last)	(First)	(Middle)
Home Telephone # ()	Cell # ()	Work # ()
SECTION 2 – Information Requested		
<input type="checkbox"/> Contribution Statement <input type="checkbox"/> Contribution History <input type="checkbox"/> Benefit Verification Letter (does not apply to Non-retired members) <input type="checkbox"/> Other _____		
SECTION 3 – Authorization		
Direct the Information to: <input type="checkbox"/> Self OR <input type="checkbox"/> Person/Organization		
Via: <input type="checkbox"/> Mail, <input type="checkbox"/> Fax OR <input type="checkbox"/> Email		
Name of Person, or Organization Representative	Email Address	
Organization Name		
Address – City, State, ZIP+4		
Telephone # ()	Fax # ()	
SECTION 4 – REQUIRED Signature of Member		
By my signature below, I authorize the PSPRS to release non-sensitive information, as determined by the PSPRS, to myself, person/organization. This authorization does not update account information and expires after the information is provided.		
REQUIRED Signature of Member (electronic signature cannot be accepted)		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.