PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM CORRECTIONS OFFICER RETIREMENT PLAN

PSPRS Tier 1,2,3 CORP Tier 1,2,3 3010 East Camelback Road, Suite 200 Phoenix, Arizona 85016-4416 www.psprs.com (602) 255-5575 | (877) 925-5575

Print, sign, then fax or email to <u>benefitapp@psprs.com</u> Fax (602) 296-2369

REQUEST FOR RETIREMENT ESTIMATE & APPLICATION

<u>NOTE</u>: MEMBER IS REQUIRED TO SIGN FORM, EMPLOYER IS REQUIRED TO SIGN IF REQUESTING APPLICATION

Please submit to PSPRS only if within 6 months of retirement

1. REQUEST TYPE (CHOOSE <u>ONE</u>)						
	Request to RETIRE / DROP					
	Estimate Request ONLY					
2. MEMBER INFORMATION						
MEMBER NAME:		SSN (Last 4):				
NENBER	KINAME:	BIRTHDATE:				
	~					
ADDRES	S:					

ADDRESS.						
	Street	City	State	Zip		
PERSONAL EMAI	L:	CELL PHONE NUMBER:				
EMPLOYER:						

PUBLIC SAFETY RETIREMENT				
	NORMAL RETIREMENT		TERM DATE:	
	ENTER DROP	PAF	RTICIPATION DATE:	
	EXIT DROP		TERM DATE:	
	DEFERRED ANNUITY (TIER 1 ONLY)		TERM DATE:	
CODD	RETIREMENT			

	NORMAL RETIREMENT		TERM DATE:	
	REVERSE DROP RETIREMENT		TERM DATE:	
	PARTICIPATION DATE:			
	DEFERRED ANNUITY (TIER 1 ONLY)		TERM DATE:	

MEMBER SIGNATURE:]	DATE:	
EMPLOYER SIGNATURE]	DATE:	

Employer Signature <u>REQUIRED</u> if choosing **REQUEST TO RETIRE / DROP** option. Once signed by member and employer, date to participate in DROP is irrevocable.

This form is required for members to indicate their intent to retire, defer retirement (DROP, RDROP) or elect for a deferred annuity. Final benefit determinations are based on members' highest 3 or 5 years of salary and length of service ending on the members' final paid day of employment. If you have any leave without pay, your total credited service will be reduced. You must meet the requirements for retirement eligibility based on your system and tier. Please refer to our website for retirement options: www.psprs.com.