

**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)

(602) 255-5575

Form 9  
09/2019

**Non-retired/Refunding  
Members**

Fax (602) 296-2368

OR email to

ActiveMembersGroup@psprs.com

**Retired/DROP/Surv  
Members**

Fax (602) 296-2369

OR email to

BenefitsGroup@psprs.com

**ADDRESS AND NAME CHANGE 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.

<b>SECTION 1 – PRINT Member Information</b>					
SSN or SYSID (if known)		<input type="checkbox"/> Non-retired <input type="checkbox"/> Refunding		<input type="checkbox"/> DROP <input type="checkbox"/> Retired	<input type="checkbox"/> Survivor/Guardian <input type="checkbox"/> Ex-spouse
If receiving multiple accounts, update ALL accounts? <input type="checkbox"/> Yes OR <input type="checkbox"/> No	Date of Birth (MM/DD/YYYY)		If ex-spouse, provide member's name:		
Last Name			First Name, Middle Initial		
E-mail Address (We will also update the "Members Only" in <a href="http://www.psprs.com">http://www.psprs.com</a> )					
Home Phone # (       )		Cell # (       )		Work # (       )	

<b>SECTION 2 – PRIMARY Mailing Address</b> (If you are retired and changing to another County, it may affect your insurance benefits)			
Mailing Address			
City	State	ZIP +4	County
<b>SECONDARY Address Below (if different from above)</b>			
Address			
City	State	ZIP +4	County

<b>SECTION 3 – NAME CHANGE</b> – It is <b>REQUIRED</b> that you include a copy of a legal document showing your new name - (e.g., driver's license, recorded marriage certificate, divorce decree, passport, etc.)	
Prior Name (Last, First, Middle Initial)	New Name (Last, First, Middle)

<b>SECTION 4 – REQUIRED Signature</b> (electronic signature cannot be accepted)	
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.

**RETIRED MEMBERS ONLY:** Return the completed form by the 10<sup>th</sup> of the month to be processed the same month.