

AFFIDAVIT TO REDEEM PRIOR RURAL METRO / CONTRACT SERVICE

A.R.S. Section 38-853.01

Each present active Tier 2 and 3 Defined Benefit (DB) Members of the system who has at least FIVE years of service with the system may elect to redeem up to SIXTY months of any part of the following prior service or employment by paying into the system any amounts required under subsection B if the prior service is not on account with any other retirement system. For Tier 1 Members, there is no service requirement or maximum purchase.

Subject to any limitations prescribed by federal law, prior employment as an employee with a corporation that contracted with an employer now covered by the system to provide firefighting services on behalf of that employer as a full-time paid firefighter or that provided firefighting services for a political subdivision of this state.

Note: Legislation governing service purchases and transfers may change. Members will be subject to legislation at the time a service purchase or transfer request is received. Should your request expire you will then be subject to legislation in place at the time of your latest request.

Please Print

1. Member Information

Member Name _____				Social Security Number _____		Date of Birth (MM/DD/YY) _____	
Address _____		(Street) _____	(City) _____	(State) _____	(Zip) _____	Email _____	Telephone Number _____

2. Current Employer Information

Current Employer _____

3. Former Employer Information

Former Employer: Prior Employer(s) to which you were contracted out while WITH RURAL METRO (example: Sun City West, City of Scottsdale) _____

Prior Service Dates: From _____ To _____

4. AMOUNT OF TIME I WANT TO HAVE CALCULATED: (Please Pick One)

_____ **ALL (✓) or** _____ **# OF MONTHS or \$** _____ **DOLLAR AMOUNT**

Please INITIAL each of the following to indicate your agreement, otherwise this form **will not be processed**:

_____ I have participated with a PSPRS employer for at least 5 years (if using 401a,401k,408a,408b,or personal monies)
_____ I was a full-time paid firefighter with Rural Metro.
_____ I have not been credited with Rural Metro service in another plan
_____ I confirm that my service with Rural Metro was with an employer now participating in PSPRS.
_____ I understand my purchase may be limited based upon the payment method I use.

The information in this application is true and correct to the best of my knowledge and pursuant to A.R.S. Section 38-853.01. I request that the board of trustees calculate the amounts required to be paid in order to receive Rural Metro time. I understand that any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan or attempts to defraud the system or plan is guilty of a Class 6 felony Arizona Revised Statutes Section 38-849 and may result in total loss of benefits under the PSPRS retirement system. This transaction is subject to audit.

Signature and Notary

Member Signature _____	Date _____
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State of Arizona

County of _____

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20____

(seal)

Notary Public