

**PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
CORRECTIONS OFFICER RETIREMENT PLAN
ELECTED OFFICIALS' RETIREMENT PLAN**
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FORM U2
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03/2021

**APPLICATION TO TRANSFER OR REDEEM SERVICE CREDITS BETWEEN ARIZONA RETIREMENT PLANS AND
MUNICIPAL RETIREMENT SYSTEMS**
(A.R.S. Sections 38-921, 38-922, 38-923, and 38-924)

Pursuant to A.R.S. Sections 38-921, 38-922, 38-923, and 38-924, I hereby make application for a calculation to transfer retirement service credits on account or refunded from another state or municipal retirement system or plan in this state to my current retirement system or plan in 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 _____	
Current Retirement System or Plan _____	Current Position / Classification _____

3. Former Employer Information

Former Employer _____		Member's Previous Position Title _____		Former Retirement System or Plan _____	
Former Employer Address _____		(Street) _____	(City) _____	(State) _____	(Zip) _____
Prior Service Dates: From _____		To _____			

Did you refund (withdraw) your member contributions from prior retirement system or plan? ☐ **YES** (If yes, fill out section 4) ☐ **NO**

4. To Redeem Service (Fill out if you selected "Yes" above)

- Indicate number of months you wish to have calculated: _____
- OR a dollar amount to purchase: \$ _____
- OR check box for all available time ☐

This form will be sent to your prior retirement system or plan to request an actuarial present value or to verify your previous credited service. We cannot send you an offer to purchase or transfer credited service until we receive this information.

PLEASE INITIAL:

_____ **THIS FORM IS AN APPLICATION FOR A QUOTE ONLY AND DOES NOT AUTOMATICALLY TRANSFER MY TIME.**

I hereby certify that the above information is true and correct to the best of my knowledge and request that the Board of Trustees calculate the amounts required to be transferred or paid to accomplish the requested transfer.

Dated: _____
Signature _____