PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
CORRECTIONS OFFICER RETIREMENT PLAN
ELECTED OFFICIALS' RETIREMENT PLAN
3010 East Camelback Road, Suite 200,
Phoenix, Arizona 85016-4416
(602) 255-5575

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

LUMP SUM DISTRIBUTION ELECTION FORM FOR REFUNDS

Member's Name: _____

Alternate Payee's Name: _____ **SSN:** _____

Alternate Payee's address: _____

Alternate Payee's phone number: _____ **Alternate Payee's email address:** _____

All or a portion of your refund/distribution may represent TAXABLE monies. If so, you must complete the following with regard to the TAXABLE portion of the distribution received. The non-taxable portion will be paid directly to you unless you specifically request otherwise. Please review the special tax notice and consult with your tax advisor.

Please select Option A, B or C below:

A. FULL REFUND/DISTRIBUTION TO ALTERNATE PAYEE

The PSPRS, CORP or EORP is directed to make full payment to me, the alternate payee, less any applicable withholding described in the Special Tax Notice received with this election form (generally 20%).

_____ _____
Signature of Alternate Payee Date

B. DIRECT TRANSFER (Separate form needed for each account)

The PSPRS, CORP or EORP is directed to mail the taxable portion only of my distribution to:

_____
(Name of Financial Institution)

for deposit in accordance with the rollover provisions. The non-taxable portion will be paid directly to me unless I specifically request otherwise.

_____ _____
Signature of Alternate Payee Date

C. PARTIAL TRANSFER / PARTIAL REFUND/DISTRIBUTION

The PSPRS, CORP or EORP is directed to mail $ _____ of my distribution to
(Fill in Amount)
_____ for deposit in accordance with the Rollover provisions.
(Name of Financial Institution)

The remainder of the taxable portion, less any applicable withholding described in the Special Tax Notice received with this election form (generally 20%) and the non-taxable portion, will be paid directly to me, the member, unless I specifically request otherwise.

_____ _____
Signature of Alternate Payee Date

If Option B or C is selected, THE FINANCIAL INSTITUTION REPRESENTATIVE MUST COMPLETE Agreement of Depository Trustee on Page 2. Also, please refer to Page 2 for mailing instructions.

ALTERNATE PAYEE'S NAME:

_____

To be completed by Institution Representative of eligible Retirement Plan or IRA.

AGREEMENT OF DEPOSITORY TRUSTEE

In accordance with the authorization of the depositor on the front of this form, we agree to deposit the forthcoming rollover amount from the PSPRS, CORP or EORP in the following account:

Type of Account: (check one)

_____ 1) Sec 401(a) Qualified Defined Benefit Plan

_____ 2) Sec 401(a) Qualified Defined Contribution Plan (Includes Sec 401 (k))

_____ 3) Sec 403(a) Qualified Annuity Plan

_____ 4) Sec 403(b) Tax Sheltered Annuity

_____ 5) Sec 408(a) Traditional IRA (Includes SEP IRA)

_____ 6) Sec 408 (b) Individual Retirement Annuity

_____ 7) Sec 457 Governmental Deferred Compensation Plan

PRINT Name of Financial Institution:	Phone Number:
Make Check Payable to (if different from above):	
Mail Check to (Address, City, State and Zip +4):	
PRINT Name of Institution Representative:	**SIGNATURE of Institution Representative:**

Return to: Public Safety Personnel Retirement System
Corrections Officer Retirement Plan
Elected Officials' Retirement Plan
3010 E. Camelback Rd., Suite 200
Phoenix, Arizona 85016-4416