

**PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
CORRECTIONS OFFICER RETIREMENT PLAN
ELECTED OFFICIALS' RETIREMENT PLAN**

**FORM 9
02/2024**

3010 East Camelback Road, Suite 200
Phoenix, Arizona 85016-4416

Non-Retired/Refunding Members
FAX: (602) 296-2368 **OR**
Email to: ActiveMembersGroup@psprs.com

www.psprs.com
(602) 255-5575

Retired/DROP/Survivor 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.

SECTION 1—PRINT Member Information				
SSN or SYSID (if known)		<input type="checkbox"/> Non-retired	<input type="checkbox"/> DROP	<input type="checkbox"/> Survivor/Guardian
		<input type="checkbox"/> Refunding	<input type="checkbox"/> Retired	<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 http://www.psprs.com)				
Home Phone # (with area code)	Cell # (with area code)	Work # (with area code)		

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

SECTION 3 – NAME CHANGE: <i>It is REQUIRED 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.)</i>	
Prior Name (Last, First, Middle Initial)	New Name (Last, First, Middle)

SECTION 4 – REQUIRED Signature <i>(Electronic signature cannot be accepted)</i>	
Member's Signature	Date (MM/DD/YYYY)

If signing as a POA or Guardian, if you have not already done so, provide our office with a copy of your appointment papers.
*(***Sign and date in the presence of a notary public)*

RETIRED MEMBERS ONLY: Return the completed form by the 10th of the month to be processed the same month.

(Go to page 2 for *Notary Acknowledgement* section of the form.)

