

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

**FORM P8  
02/2024**

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

**Non-Retired Members**  
FAX: (602) 296-2368 **OR** scan/email  
Email to: [ActiveMembersGroup@psprs.com](mailto:ActiveMembersGroup@psprs.com)

[www.psprs.com](http://www.psprs.com)  
(602) 255-5575

**Retired/DROP/Members**  
FAX: (602) 296-2369 **OR** scan/email  
Email to: [BenefitsGroup@psprs.com](mailto:BenefitsGroup@psprs.com)

Deferred Retirement Option Plan (DROP)

**DROP BENEFICIARY DESIGNATION 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 Information			
SSN	Member's Name (Last)	(First)	(Middle)
RETIREE SYSID (if known)	Date of Birth (MM/DD/YYYY)	E-mail Address (We will also update the "Members Only" in http://www.psprs.com)	
Mailing Address		City, State, ZIP+4	
Home Phone # (with area code)	Cell # (with area code)	Work # (with area code)	

SECTION 2 – IMPORTANT <u>DROP</u> BENEFICIARY INFORMATION				
<ul style="list-style-type: none"> <li>To update the beneficiary for your monthly pension benefits, complete a Beneficiary Designation form (Form P8) - <b>not</b> this form</li> <li>Pursuant to A.R.S. § 38-844.07, a member shall not make a beneficiary designation that results in an abrogation of a member's community property obligations under the applicable laws of this state. <b>If you are married and do not designate your spouse, your spouse agrees to waive your accumulated DROP funds; the waiver only applies to your accumulated DROP funds.</b></li> <li><u>Note:</u> Divorce automatically terminates your ex-spouse for a surviving spouse pension; however, to maintain your ex-spouse as a beneficiary of any remaining contributions on account, you <u>must</u> complete a new Beneficiary Designation Form <u>after</u> the date of divorce.</li> </ul>				
<input type="checkbox"/> <b>PRIMARY BENEFICIARY NAME(S)</b>				
SSN	Name of Beneficiary (Last, First, Middle)	Relationship (check one)		
		<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Disabled Child
		<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling	<input type="checkbox"/> Other
Birth Date (MM/DD/YYYY)	Address (City, State, ZIP +4)	Telephone # (with area code)		
<b>CHECK ONE:</b> <input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary Beneficiary (If not checked, the following beneficiary is a Primary Beneficiary)				
SSN	Name of Beneficiary (Last, First, Middle)	Relationship (check one)		
		<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Disabled Child
		<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling	<input type="checkbox"/> Other
Birth Date (MM/DD/YYYY)	Address (City, State, ZIP +4)	Telephone # (with area code)		
<b>CHECK ONE:</b> <input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary Beneficiary (If not checked, the following beneficiary is a Primary Beneficiary)				
SSN	Name of Beneficiary (Last, First, Middle)	Relationship (check one)		
		<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Disabled Child
		<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling	<input type="checkbox"/> Other
Birth Date (MM/DD/YYYY)	Address (City, State, ZIP +4)	Telephone # (with area code)		

SECTION 3 – REQUIRED Signatures (BEFORE NOTARY)	
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.

For additional beneficiaries, copy and attach this form.  Check this box if there is an additional form attached.

[Go to page 2 for Notary Acknowledgement section of the form.]

