

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

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Phoenix, Arizona 85016-4416
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(602) 255-5575

FORM 13-Retired
02/2024

Fax (602) 296-2369
OR email to

BenefitsGroup@psprs.com

DIRECT DEPOSIT AUTHORIZATION FOR RETIRED MEMBERS

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"/> Retired/DROP <input type="checkbox"/> Survivor/Guardian <input type="checkbox"/> Ex-spouse | |
| | | If ex-spouse, provide member's name: _____ | |
| If receiving multiple accounts, update ALL accounts? <input type="checkbox"/> YES <input type="checkbox"/> NO | Date of Birth (MM/DD/YYYY) | E-mail Address (We will also update the "Members Only" in http://www.psprs.com) | |
| Last Name | | First Name, Middle Initial | |
| New address? <input type="checkbox"/> YES <input type="checkbox"/> NO | Mailing Address – City, State, ZIP +4 | | County |
| | Home Phone # with area code | Cell # with area code | Work # with area code |

| SECTION 2 – FINANCIAL INSTITUTION INFORMATION – BEGIN OR CHANGE DIRECT DEPOSIT | | | | |
|--|--|---|--|--|
| CHECK <u>ONE</u> : | | ATTACH (REQUIRED) | | |
| <input type="checkbox"/> Checking OR <input type="checkbox"/> Savings | | 1. VOIDED CHECK from new account, OR LETTER from financial institution with <ul style="list-style-type: none"> • Your name • Account and Routing number • Checking or Savings 2. COPY OF DRIVER'S LICENSE or I.D. card | | |
| Routing # (9 digits): | | | | |
| Account # : | | | | |
| Financial Institution: | | | | |

| SECTION 3 – Mail Checks to my mailing address and/or Cancel direct deposit | |
|---|---|
| <input type="checkbox"/> Send my checks to my mailing address and/or stop direct deposit. <i>Do not select this option if you are changing your bank account information.</i> | ATTACH COPY OF DRIVER'S LICENSE, OR I.D. CARD |

| SECTION 4 – <u>REQUIRED</u> Signature (<i>electronic signature cannot be accepted</i>) | |
|---|------|
| My signature below authorizes the financial institution to deposit my monthly checks and to debit my account and reimburse PSPRS for purposes of error corrections. I further authorize the financial institution to provide PSPRS with my address/contact information and the name/address of joint account holder(s) or legal representative(s). Note: Joint bank account holder(s) must immediately notify the bank and PSPRS of the member's death and return any deposited funds to the PSPRS that the member was not entitled to receive. | |
| Member's Signature (<i>Sign and date in the presence of a notary public</i>) | 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.

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].

