

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

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

www.psprs.com

Email: ActiveMembersGroup@psprs.com

FORM U3 Refunds

02/2024

P:(602) 255-5575

F: (602) 296-2368

LUMP SUM DISTRIBUTION ELECTION FORM FOR REFUNDS

PRINT MEMBER INFORMATION:

NAME:	
SSN:	
DATE OF TERMINATION:	

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. Please review the special tax notice (Available On-Line) and consult with your tax advisor.

PLEASE SELECT OPTION A, B OR C BELOW:

FULL REFUND/DISTRIBUTION TO MEMBER:

Direct Deposit

Check

A

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

SIGNATURE OF MEMBER *(Sign and date above in the presence of a notary public)*

DATE

OR

DIRECT ROLLOVER / TRUSTEE TRANSFER *(Representative of Financial Institution must complete Page 3)*

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

_____ for deposit in accordance with the

B

(Name of Financial Institution)

rollover provisions. The non-taxable portion will be paid directly to me.

SIGNATURE OF MEMBER *(Sign and date above in the presence of a notary public)*

DATE

OR

PARTIAL ROLLOVER/TRUSTEE TRANSFER AND 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.

C

(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 (20% Federal Withholding) and the non-taxable portion will be paid directly to me by:

Direct Deposit

Check (Check one)

SIGNATURE OF MEMBER *(Sign and date above in the presence of a notary public)*

DATE

If Option **B** or **C** is selected above, **THE FINANCIAL INSTITUTION MUST COMPLETE Agreement of Depository Trustee on Page 3**. Also, please refer to Page 3 for mailing instructions.

Go to **page 2** for the Notary Acknowledgement section of the form and **page 3** for financial institution agreement section of the form.

STATE OF ARIZONA

COUNTY OF _____)

NOTARY ACKNOWLEDGMENT

On this _____ day of _____, 20_____, before me personally
[Day] [Month] [Year]

appeared _____, whose identity was proven
[Name of signer]

to me on the basis of satisfactory evidence to be the person who he or she claims to be, and acknowledged that he or she signed the above / attached: Lump Sum Distribution Election Form for Refunds.

(Seal) [Affix Seal Here]

Notary Public [Notary Public Signature]

Go to page 3 for the Financial Institution section of the information and for mailing instructions.

To be completed by the Financial Institution of the 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 / trustee to trustee transfer amount from the PSPRS, CORP or EORP in the following type of account:

Check One:	
<input type="checkbox"/>	1) Section 401(a) Qualified Defined Benefit Plan
<input type="checkbox"/>	2) Section 401(a) Qualified Defined Contribution Plan (includes Section 401K)
<input type="checkbox"/>	3) Section 403(a) Qualified Annuity Plan
<input type="checkbox"/>	4) Section 403(b) Tax Sheltered Annuity
<input type="checkbox"/>	5) Section 408(a) Traditional IRA (includes SEP IRA)
<input type="checkbox"/>	6) Section 408(b) Individual Retirement Annuity
<input type="checkbox"/>	7) Section 457 Governmental Deferred Compensation Plan

Member's Name: _____

Account Number: _____

The following portion must be completed by a representative of the financial institution (not the member).

Name of Financial Institution (Trustee) Authorized Signature

Mailing Address Date

City State Zip

Return to: Board of Trustees
c/o Public Safety Personnel Retirement System
Corrections Officer Retirement Plan
Elected Officials Retirement Plan
3010 E Camelback RD, Suite 200
Phoenix Arizona 85016-4416