

**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

**FORM U3 Refunds
02/2024**

P:(602) 255-5575
Non-retired Members

F: (602) 296-2368 Or

Email: ActiveMembersGroup@psprs.com

LUMP SUM DISTRIBUTION ELECTION FORM FOR REFUNDS (for Ex-Spouse)

PRINT MEMBER & ALTERNATE PAYEE INFORMATION:			
MEMBER'S NAME:			
ALTERNATE PAYEE'S NAME:		SSN:	
ALTERNATE PAYEE'S ADDRESS: (INCLUDING CITY, STATE & ZIPCODE)			
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	<p><u>FULL REFUND/DISTRIBUTION TO ALTERNATE PAYEE:</u> 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%).</p>
<p style="text-align: center;">Signature of Alternate Payee <i>(Sign & date above in the presence of a notary public)</i></p>	
<p style="text-align: right;">Date</p>	

B	<p><u>DIRECT TRANSFER (Separate form needed for each account)</u> The PSPRS, CORP or EORP is directed to mail the taxable portion only of my distribution to:</p> <p style="text-align: center;">(Name of Financial Institution)</p> <p>for deposit in accordance with the rollover provisions. The non-taxable portion will be paid directly to me unless I specifically request otherwise.</p>
<p style="text-align: center;">Signature of Alternate Payee <i>(Sign & date above in the presence of a notary public)</i></p>	
<p style="text-align: right;">Date</p>	

C	<p><u>PARTIAL TRANSFER / PARTIAL REFUND/DISTRIBUTION</u> 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)</p> <p>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.</p>
<p style="text-align: center;">Signature of Alternate Payee <i>(Sign & date above in the presence of a notary public)</i></p>	
<p style="text-align: right;">Date</p>	

If Option **B** or **C** is selected, 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 (for Ex-spouse).

(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.

ALTERNATE PAYEE'S NAME: _____

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 amount from the PSPRS, CORP or EORP in the following type of account:

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

Print Name of Financial Institution:	Phone Number
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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:
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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