

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

**FORM 8
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

www.psprs.com
(602) 255-5575

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

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 Member Information				
SSN	SYSID (if known)	<input type="checkbox"/> Non-retired	<input type="checkbox"/> Retired	<input type="checkbox"/> DROP
		For DROP payment, complete DROP Beneficiary Designation Form (P8DROP)		
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?	Mailing Address - City, State and ZIP +4			County
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Home Phone # (with area code)	Cell # (with area code)	Work # (with area code)		

SECTION 2 - IMPORTANT BENEFICIARY INFORMATION				
<ul style="list-style-type: none"> Pursuant to statute, an AUTOMATIC survivor benefit pays your: <ul style="list-style-type: none"> Eligible Spouse. Proof of recorded marriage license/certificate will be required. Failure to provide acceptable documentation may affect the surviving spouse benefits. If you are currently receiving a monthly benefit, statute requires two consecutive years of marriage. Eligible Child(ren) that is(are) unmarried, under the age of 18, and/or attending full-time school between the ages of 18 to 23, plus disabled child(ren) if disability occurred before the age of 23 and who is(are) a dependent of the member. If no eligible spouse or eligible child(ren), the balance of any applicable contributions, if any, will be paid to the named beneficiary(ies) indicated below. To update your beneficiary for your Deferred Retirement Option Plan (DROP) payment, complete a DROP Beneficiary Designation Form (P8DROP). Note: 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 must complete a new Beneficiary Designation Form after the date of divorce. 				
<input type="checkbox"/> PRIMARY BENEFICIARY NAME(S)				
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)		
CHECK ONE: <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)		
CHECK ONE: <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 Signature (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.]

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: Beneficiary Designation Form.

(Seal) [Affix Seal Here]

Notary Public [Notary Public Signature]
