

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

02/2023

**Non-Retired Members**  
Fax (602) 296-2368  
OR email to  
ActiveMembersGroup@psprs.com

3010 East Camelback Road, Suite 200  
Phoenix, Arizona 85016-4416  
[www.psprs.com](http://www.psprs.com)  
(602) 255-5575

**Retired/DROP/Surv Members**  
Fax (602) 296-2369  
OR email to  
BenefitsGroup@psprs.com

## AUTHORIZATION FOR RELEASE OF INFORMATION

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 (last 4 of the SSN is acceptable)	SYSID (if known)	Status (check one) <input type="checkbox"/> Non-retired <input type="checkbox"/> DROP <input type="checkbox"/> Retired <input type="checkbox"/> Survivor/Guardian
Name (Last)	(First)	(Middle)
Home Telephone # ( )	Cell # ( )	Work # ( )
SECTION 2 – Information Requested		
<input type="checkbox"/> Contribution Statement <input type="checkbox"/> Contribution History <input type="checkbox"/> Benefit Verification Letter (does not apply to Non-retired members) <input type="checkbox"/> Other _____		
SECTION 3 – Authorization		
<b>Direct the Information to:</b> <input type="checkbox"/> Self <b>OR</b> <input type="checkbox"/> Person/Organization <b>Via:</b> <input type="checkbox"/> Mail, <input type="checkbox"/> Fax <b>OR</b> <input type="checkbox"/> Email		
Name of Person, or Organization Representative	Email Address	
Organization Name		
Address – City, State, ZIP+4		
Telephone # ( )	Fax # ( )	
SECTION 4 – REQUIRED Signature of Member		
By my signature below, I authorize the PSPRS to release non-sensitive information, as determined by the PSPRS, to myself, person/organization. <b>This authorization does not update account information and expires after the information is provided.</b>		
REQUIRED Signature of Member (electronic signature cannot be accepted)		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.

Go to page 2 for Notary Acknowledgment section of the form

For account information, visit our website at [www.psprs.com](http://www.psprs.com) under "Members Only."

