

OUT OF STATE SERVICE AFFIDAVIT (Employee)

Pursuant to ARIZONA REVISED STATUTES, each present active member of the system may elect to redeem of any part of the following prior service or employment by paying into the system any amounts required under subsection B of this section if the prior service or employment is not on account with any other retirement system. Tier 2 and 3 Defined Benefit (DB) Members of the system/plan who has at least FIVE years of service with the system may purchase up to a maximum of sixty (60) months. For Tier 1 DB Members, there is no service requirement or maximum purchase. For Membership Tier information, please visit our website.

I hereby make application for a calculation to redeem service credits from an agency of the United States government, a state of the United States or a political subdivision of this state or a state of the United States as a **(CHECK ONE)**:

___ full-time paid corrections officer or detention officer to my current retirement system in this state.

___ full-time paid certified peace officer to my current retirement system in this state.

___ full-time paid firefighter to my current retirement system in this state.

___ compensated / uncompensated employee to my current retirement system in this state.

Position/Plan Table	
Plan	Position
PSPRS	Full time paid Firefighter
	Full-time paid certified Peace Officer
	Full-time paid Corrections Officer
CORP	Full time paid Corrections Officer
	Full time paid certified Peace Officer
EORP	Any employer

Based on the plan you are currently participating in; the table to the right will help you reference your eligible prior service options.

1. Member Information

_____				_____		_____	
Member Name				Social Security Number		Date of Birth	
_____		_____		_____		_____	
Address (Street)		(City)		(State)		(Zip)	
_____				_____		_____	
Address (Street)				Email		Telephone Number	

2. Current Employer Information

_____		_____	
Current Employer		Telephone Number:	
_____		_____	
Service Date		Current Retirement System or Plan	

3. Former Employer Information

_____		_____		_____	
Former Employer		Member's Previous Position Title		Telephone Number	
_____		_____		_____	
Former Employer Address (Street)		(City)		(State)	
_____		_____		_____	
Former Employer Address (Street)		Former Employer Email			

Prior Service Dates: From _____ to _____

4. To Redeem Service

- Indicate number of months you wish to have calculated: _____
- OR a dollar amount to purchase: \$ _____
- OR check box for all available time

YOU MUST READ, COMPLETE AND **INITIAL** THE FOLLOWING if you participated in a retirement plan during the time periods listed above.

_____ I am no longer eligible for a benefit from the _____ Retirement Plan because I took a refund from the plan on or about _____ (approximate date) or there were no benefits available to me when I terminated my membership in the plan.

_____ I am currently eligible for a retirement benefit from the _____ Retirement Plan but will use funds from this plan toward the purchase of the requested service time.

Please INITIAL each of the following to indicate your agreement and/or understanding, otherwise this form will not be processed:

_____ I understand that this transaction is subject to audit. If any misrepresentations are discovered as a result of this audit, my total credited service with the PSPRS, CORP, or EORP will be adjusted as necessary. Any overpayments will be refunded. I further understand that if an error or misrepresentation is discovered after I retire, any adjustments to my credited service will affect my retirement benefit. In addition, if payment for the purchase was made with pre-tax dollars and is returned to me, there will be tax consequences as a result of this refund.

_____ I understand that statutes do not permit the purchase of service credit using funds from a plan if I am eligible to receive a benefit under that plan.

_____ I understand that an audit may determine that I am eligible for a benefit from the retirement plan listed above after I have already been allowed to purchase service from the PSPRS, CORP, or EORP. If this occurs, I will immediately take steps necessary to forfeit my benefit in the above retirement plan. I understand that if this forfeiture is not completed in a reasonable amount of time, any service, which I have purchased, based on the employment listed above will be revoked and my money refunded, without interest.

_____ I certify under penalty of perjury that I was employed by the above employer during the dates listed.

_____ I understand that any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan or attempts to defraud the system or plan is guilty of:

- PSPRS and CORP Members: Class 5 Felony: under Arizona Revised Statutes Section 38-912.C
- EORP Members: Class 1 Misdemeanor: under Arizona Revised Statutes Section 38-809.F

and may result in total loss of benefits from their respective retirement system.

Furthermore, I hereby certify that the above information is true and correct to the best of my knowledge and request that the Board of Trustees calculate the amounts required to be paid in order to accomplish the requested redemption pursuant to A.R.S. Section 38-909.

Signature of Member

_____/_____/_____
Date

State of _____ County of _____

The foregoing was acknowledged before me on this _____

Day of _____, 20 _____

By _____
(Member's Name)

Notary Seal

Notary Public Signature

_____/_____/_____
My Commission Expires

OUT OF STATE SERVICE AFFIDAVIT
(Employer/Retirement Plan Administrator)

The person named below is requesting that you verify the following information about his/her employment with your system in order to purchase time in the PSPRS, CORP, or EORP, a qualified **401(a) plan**. Please verify the following information and answer the questions below:

A

Member Name		Social Security Number		Date of Birth	
Former Employer or Retirement System Name		Position Held		Contact Person	
Member Address	(Street)	(City)	(State)	(Zip)	Telephone Number
Current Employer			Current Retirement System or Plan		
Member Signature			Date		

B Previous Employer: Please answer the following questions:

1. Is/Was the person named above employed with your system? Yes No
- 1.1 If yes, please provide the full-time paid service dates as well as the position title the former employee held during the time listed: (Please reference the Plan/Position table at the top of this form to help determine eligibility)
- | | | |
|-------------------------------------|-------------------|----------------------|
| _____ | _____ | _____ |
| Position Title (for time provided): | Service Date From | Service Date Through |
- 1.2 Was the member compensated during the dates provided? Yes No
2. Is/Was the person named above an employee covered by your system's retirement plan? Yes No
(If, the answer to questions 1 and 3 are both, yes, please sign below and forward this form to your retirement system's administrator for completion. If you answered, no, to either question, please sign this form and send it directly to our office at the address listed above.)

I hereby certify that the above information is true and correct to the best of my knowledge.

Authorized Signature of Previous Employer		Date
_____	_____	_____
Title	Phone	Agency Name

C Retirement Plan Administrator: Arizona law does not allow credit in its retirement system for service time in another pension plan if such service entitles the individual to a current or future benefit in that plan. Please answer the following questions:

1. Does this member still have member contributions in your retirement plan? Yes No
2. Has this member forfeited any and all rights to a benefit(s) under your retirement system? Yes No

I hereby certify that the above information is true and correct to the best of my knowledge.

Authorized Signature of Retirement Plan Administrator		Date
_____	_____	_____
Title	Phone	Retirement System Name