

**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
(602) 255-5575

Form 8
08/12

Mail **OR** Fax form to:
Non-retired Fax
(602) 296-2368

Retired Members Fax
(602) 296-2369

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)	Apply this request to the following account(s): <input type="checkbox"/> Non-retired <input type="checkbox"/> Retired
Date of Birth (MM/DD/YYYY)	E-mail Address (if applicable, the "Members Only" section with psprs.com will also be updated)	
Last Name	First Name, Middle Initial	
Address		City, State and ZIP +4
Home Phone # ()	Cell # ()	Work # ()
SECTION 2 – IMPORTANT Beneficiary Information		
<ul style="list-style-type: none"> Pursuant to statute, an AUTOMATIC survivor benefit will pay your: <ul style="list-style-type: none"> Eligible Spouse. (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 there is no eligible spouse or eligible child(ren), the balance of the 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), complete a <u>DROP Beneficiary Designation</u> form - not this form. Note: Divorce automatically terminates the ex-spouse as the member's beneficiary. To maintain an ex-spouse as a beneficiary, you must complete a <u>Beneficiary Designation Form</u> after the date of divorce. 		
<input checked="" 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"/> Parent <input type="checkbox"/> Fiancé <input type="checkbox"/> Friend <input type="checkbox"/> Other
Birth Date (MM/DD/YYYY)	Address (City, State, ZIP +4)	Telephone # ()
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"/> Parent <input type="checkbox"/> Fiancé <input type="checkbox"/> Friend <input type="checkbox"/> Other
Birth Date (MM/DD/YYYY)	Address (City, State, ZIP +4)	Telephone # ()
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"/> Parent <input type="checkbox"/> Fiancé <input type="checkbox"/> Friend <input type="checkbox"/> Other
Birth Date (MM/DD/YYYY)	Address (City, State, ZIP +4)	Telephone # ()
SECTION 3 – REQUIRED Signatures		
PRINT Witness Name (<u>cannot</u> be a beneficiary listed above)	Witness Signature	Date
Member's Signature		Date

If not previously provided and signing as Power of Attorney or Guardian, provide our office with a complete copy of legal appointment.
For additional beneficiaries, copy and attach this form. Check this box if there is an additional form attached.