

EIN: _____

CORRECTIONS OFFICER RETIREMENT PLAN

INPUT FORM A

(Please fill in all of the information on this form. If not applicable, please indicate.)

INPUT SHEET FOR (select one):

Today's Date: _____

___ **NORMAL RETIREMENT**

___ **DEFERRED ANNUITY**

Last Work Date: _____

___ **DISABILITY RETIREMENT**

___ **Accidental** ___ **Ordinary** ___ **Total & Permanent**

PERSONAL INFORMATION

Name: _____

First Middle Last

Social Security Number

Sex (circle) M F Date of Birth: _____

Marital Status (circle) M S

SPOUSE INFORMATION

Name: _____

First Middle Last

Social Security Number

Date of Birth: _____ Date of Marriage: _____

HAVE YOU BEEN DIVORCED SINCE YOU BEGAN PARTICIPATING IN CORP? Y N

ADDRESS AND TELEPHONE NUMBER OF MEMBER

Address: _____

Street Apt. City State Zip Code

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Personal Email _____

MILITARY SERVICE

Have contributions for all of your Guard/Reserve periods been CREDITED as service (circle ONE): Y N N/A

DEPENDENT CHILDREN ++

Name	Date of Birth	Disabled?
_____	_____	Y** N
_____	_____	Y N
_____	_____	Y N

EMPLOYMENT INFORMATION

Current Employer: ADC
Service From _____ To _____
Local Board Name: CORP

LEAVE WITHOUT PAY or INDUSTRIAL LEAVE

From _____ Through _____ Employer _____

APPLICANT PAYMENT INFORMATION

Payable to: _____
Payment Method (circle): Check Direct Deposit
Federal Tax (circle): Single/Married Exemptions: _____
State Tax (circle): 0.8% 1.3% 1.8% 2.7% 3.6% 4.2% 5.1%

APPLICANT DIRECT DEPOSIT INFORMATION

Name of Financial Institution: _____ Phone Number: _____

ABA Routing No.: _____ Account No.: _____

Account Type (circle one): Checking Savings

BENEFICIARY INFORMATION

Primary Beneficiary: _____

Date of Birth: _____ Social Security Number: _____

Relationship(s): _____ Phone Number _____

Address: _____

Secondary Beneficiary: _____

Date of Birth: _____ Social Security Number: _____

Relationship(s): _____ Phone Number _____

Address: _____

Secondary Beneficiary: _____

Date of Birth: _____ Social Security Number: _____

Relationship(s): _____ Phone Number _____

Address: _____

Secondary Beneficiary: _____

Date of Birth: _____ Social Security Number: _____

Relationship(s): _____ Phone Number _____

Address: _____

Secondary Beneficiary: _____

Date of Birth: _____ Social Security Number: _____

Relationship(s): _____ Phone Number _____

Address: _____

Secondary Beneficiary: _____

Date of Birth: _____ Social Security Number: _____

Relationship(s): _____ Phone Number _____

Address: _____

Secondary Beneficiary: _____

Date of Birth: _____ Social Security Number: _____

Relationship(s): _____ Phone Number _____

Address: _____

Secondary Beneficiary: _____

Date of Birth: _____ Social Security Number: _____

Relationship(s): _____ Phone Number _____

Address: _____

I CERTIFY TO THE ACCURACY OF THE INFORMATION GIVEN ON THIS FORM

_____ Date _____ Signature of Applicant

_____ Date _____ Institution _____ HR/Personnel Office Signature _____ Title

- Note: Please provide a copy of:**
- Birth Certificate
 - Birth Certificates for Spouse and Dependent Children (if applicable)
 - Marriage Certificate (if applicable)
 - ++Proof of Full Time College enrollment (up to age 23)++
 - **Proof of Dependent Child's Disability prior to age 23**
 - Divorce Decree (and Domestic Relations Order, if applicable)

Please include a voided check for direct deposit into a checking account

ARE YOU PLANNING TO ACCEPT A JOB IN THE ARIZONA STATE RETIREMENT SYSTEM? Y N