

**PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
CORRECTIONS OFFICER RETIREMENT PLAN**

3010 East Camelback Road, Suite 200
Phoenix, Arizona 85016-4416
www.psprs.com
(602) 255-5575 | (877) 925-5575

PSPRS Tier 1,2,3
CORP Tier 1,2,3

Print, sign, then fax or email
to benefitapp@psprs.com
Fax (602) 296-2369

REQUEST FOR RETIREMENT ESTIMATE & APPLICATION

NOTE: MEMBER IS REQUIRED TO SIGN FORM, EMPLOYER IS REQUIRED TO SIGN IF REQUESTING APPLICATION

Please submit to PSPRS only if within 6 months of retirement

1. REQUEST TYPE (CHOOSE ONE)

<input type="checkbox"/>	Request to RETIRE / DROP
<input type="checkbox"/>	Estimate Request ONLY

2. MEMBER INFORMATION

MEMBER NAME:		SSN (Last 4):	
		BIRTHDATE:	
ADDRESS:			
	Street	City	State Zip
PERSONAL EMAIL:		CELL PHONE NUMBER:	
EMPLOYER:			

PUBLIC SAFETY RETIREMENT

<input type="checkbox"/>	NORMAL RETIREMENT	TERM DATE:	
<input type="checkbox"/>	ENTER DROP	PARTICIPATION DATE:	
<input type="checkbox"/>	EXIT DROP	TERM DATE:	
<input type="checkbox"/>	DEFERRED ANNUITY (TIER 1 ONLY)	TERM DATE:	

CORP RETIREMENT

<input type="checkbox"/>	NORMAL RETIREMENT	TERM DATE:	
<input type="checkbox"/>	REVERSE DROP RETIREMENT	TERM DATE:	
		PARTICIPATION DATE:	
<input type="checkbox"/>	DEFERRED ANNUITY (TIER 1 ONLY)	TERM DATE:	

MEMBER SIGNATURE:		DATE:	
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EMPLOYER SIGNATURE		DATE:	
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Employer Signature REQUIRED if choosing **REQUEST TO RETIRE / DROP** option. Once signed by member and employer, date to participate in DROP is irrevocable.

This form is required for members to indicate their intent to retire, defer retirement (DROP, RDROP) or elect for a deferred annuity. Final benefit determinations are based on members' highest 3 or 5 years of salary and length of service ending on the members' final paid day of employment. If you have any leave without pay, your total credited service will be reduced. You must meet the requirements for retirement eligibility based on your system and tier. Please refer to our website for retirement options: www.psprs.com.