

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

Form 8  
08/15

**Non-retired Members**  
Fax (602) 296-2368  
OR scan/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 Members**  
Fax (602) 296-2369  
OR scan/email to  
BenefitsGroup@psprs.com

**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.

<b>SECTION 1 – PRINT Member Information</b>			
SSN	SYSID (if known)	<input type="checkbox"/> Non-retired <input type="checkbox"/> Retired <input type="checkbox"/> DROP For DROP payment, complete DROP Beneficiary Designation Form (P8DROP)	
Date of Birth (MM/DD/YYYY)	E-mail Address (We will also update the "Members Only" in <a href="http://www.psprs.com">http://www.psprs.com</a> )		
Last Name		First Name, Middle Initial	
New Address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mailing Address - City, State and ZIP +4		County
Home Phone # (       )	Cell # (       )	Work # (       )	
<b>SECTION 2 – IMPORTANT Beneficiary Information</b>			
<ul style="list-style-type: none"> <li>• Pursuant to statute, an AUTOMATIC survivor benefit pays your: <ul style="list-style-type: none"> <li>○ Eligible Spouse. Proof of <b>recorded</b> marriage license/certificate will be required. Failure to provide acceptable documentation may affect the surviving spouse benefits. If you are currently receiving a monthly benefit, statute requires two consecutive years of marriage.</li> <li>○ 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.</li> </ul> </li> <li>• If no eligible spouse or eligible child(ren), the balance of any applicable contributions, if any, will be paid to the named beneficiary(ies) indicated below.</li> <li>• To update your beneficiary for your Deferred Retirement Option Plan (DROP) payment, complete a <i>DROP Beneficiary Designation Form (P8DROP)</i>.</li> <li>• Note: Divorce automatically terminates your ex-spouse as your beneficiary; however, in order to update our records, you <u>must</u> complete a new form. If you would like to maintain your ex-spouse as the beneficiary, please complete a new beneficiary form <u>after</u> the date of divorce.</li> </ul>			
<input checked="" type="checkbox"/> <b>Primary Beneficiary Name(s)</b>			
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"/> Sibling <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"/> Sibling <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"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Other	
Birth Date (MM/DD/YYYY)	Address (City, State, ZIP +4)	Telephone # (       )	
<b>SECTION 3 – REQUIRED Signatures</b> (electronic signature cannot be accepted)			
PRINT Witness Name (cannot be a beneficiary listed above)		Witness Signature	Date
Member's Signature			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. For additional beneficiaries, copy and attach this form.  Check this box if there is an additional form attached.