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

Form 9 08/15

3010 East Camelback Road, Suite 200 Phoenix, Arizona 85016-4416

Non-retired/Refunding Members Fax (602) 296-2368 OR scan/email to ActiveMembersGroup@psprs.com

<u>www.psprs.com</u> (602) 255-5575 Retired/DROP/Surv Members Fax (602) 296-2369 OR scan/email to BenefitsGroup@psprs.com

ADDRESS AND NAME CHANGE 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		Non-retired	DROP	Survivor/Guardian			
		Refunding	Retired	Ex-spouse			
	lf	ex-spouse, provid	e member's name:				
SYSID (if known)	Date of Birth (MM/DD/YYYY)		If ex-spouse, prov	ride member's name:			
Last Name		Fi	rst Name, Middle Initial				
E-mail Address (We will also update the "Members Only" in http://www.psprs.com)							
Home Phone #	Cell #			Work #			
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SECTION 2 - PRIMARY Mailing Address (If you are re	etired and changing to anoth	er County, it may affect yo	ur insurance benefits)
Mailing Address			
		1	
City	State	ZIP +4	County
SECONDARY Address Below (if different from above)			
Address			
City	State	ZIP +4	County
	-	-	

SECTION 3 – NAME CHANGE – It is REQUIRED that you include a copy of a legal document showing your new name -					
(e.g., driver's license, recorded marriage certificate, divorce decree, passport, etc.)					
Prior Name (Last, First, Middle Intial)	New Name (Last, First, Middle)				

SECTION 4 – REQUIRED Signature (electronic signature cannot be accepted)					
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.

RETIRED MEMBERS <u>ONLY</u>: Return the completed form by the 10th of the month to be processed the same month.