

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

**FORM U3 - Refunds**

08/12

Page 1 of 2

P (602) 255-5575

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

F (602) 296-2368

[www.psprs.com](http://www.psprs.com)

**LUMP SUM DISTRIBUTION ELECTION FORM FOR REFUNDS**

**Name:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Date of Termination:** \_\_\_\_\_

All or a portion of your refund/distribution may represent TAXABLE monies. If so, you must complete the following with regard to the TAXABLE portion of the distribution received. The non-taxable portion will be paid directly to you. Please review the special tax notice (Available On-Line) and consult with your tax advisor.

Please select Option A, B or C below:

**A. FULL REFUND/DISTRIBUTION TO MEMBER**

The PSPRS, CORP or EORP is directed to make full payment to me, the member, less any applicable withholding described in the Special Tax Notice received with this election form (20% Federal Withholding).

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

**B. DIRECT TRANSFER (Representative of Financial Institution must complete Page 2)**

The PSPRS, CORP or EORP is directed to mail the taxable portion only of my distribution to:

\_\_\_\_\_  
(Name of Financial Institution)

for deposit in accordance with the rollover provisions. The non-taxable portion will be paid directly to me.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

**C. PARTIAL TRANSFER / PARTIAL REFUND/DISTRIBUTION**

The PSPRS, CORP or EORP is directed to mail \$ \_\_\_\_\_ of my distribution to  
(Fill in Amount)

\_\_\_\_\_  
(Name of Financial Institution) for deposit in accordance with the Rollover provisions.

The remainder of the taxable portion, less any applicable withholding described in the Special Tax Notice received with this election form (20% Federal Withholding) and the non-taxable portion will be paid directly to me.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

If Option B or C is selected, THE FINANCIAL INSTITUTION MUST COMPLETE Agreement of Depository Trustee on Page 2. Also, please refer to Page 2 for mailing instructions.

To be completed by Financial Institution of the eligible Retirement Plan or IRA.

AGREEMENT OF DEPOSITORY TRUSTEE

In accordance with the authorization of the depositor on the front of this form, we agree to deposit the forthcoming rollover amount from the PSPRS, CORP or EORP in the following type of account:

(Check one)

- \_\_\_\_ 1) Section 401(a) Qualified Defined Benefit Plan
- \_\_\_\_ 2) Section 401(a) Qualified Defined Contribution Plan (includes Section 401K)
- \_\_\_\_ 3) Section 403(a) Qualified Annuity Plan
- \_\_\_\_ 4) Section 403(b) Tax Sheltered Annuity
- \_\_\_\_ 5) Section 408(a) Traditional IRA (includes SEP IRA)
- \_\_\_\_ 6) Section 408(b) Individual Retirement Annuity
- \_\_\_\_ 7) Section 457 Governmental Deferred Compensation Plan

Member's Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

---

**The following portion must be completed by a representative of the financial institution (not the member).**

\_\_\_\_\_  
Name of Financial Institution (Trustee)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City State Zip

Return to: Board of Trustees  
c/o Public Safety Personnel Retirement System  
Corrections Officer Retirement Plan  
Elected Officials Retirement Plan  
3010 E Camelback RD, Suite 200  
Phoenix Arizona 85016-4416