

**PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
CORRECTIONS OFFICER RETIREMENT PLAN
ELECTED OFFICIALS' RETIREMENT PLAN**
3010 East Camelback Road, Suite 200
Phoenix, Arizona 85016-4416
www.psprs.com
(602) 255-5575

FORM U3 - Retired
08/12
Page 1 of 2

Retired Members Fax*
(602) 296-2369

LUMP SUM DISTRIBUTION ELECTION FORM

If you are "refunding" your contributions, complete Form U3 – Refunds

Name of Recipient: _____

SSN of Recipient: _____ Date of Retirement / Death: _____
(N/A for ex-spouse)

SECTION 1 - Distribution Type (check ONE)

DROP / DROP Beneficiary / CORP Reverse DROP **OR** Lump-Sum Death Benefit

SECTION 2 - Distribution Method (check ONE)

TOTAL Distribution to Recipient
(Sign below and return the original; you do not need to complete page 2 of 2)

The ENTIRE payment will be made to me less the applicable Federal withholding (generally 20%) based on the taxable portion of benefits.

OR

Rollover
(Sign below and complete page 2 of 2)

I elect to roll ALL or PORTION of the TAXABLE benefit to the financial institution(s) as indicated below.

If any portion is NON-TAXABLE, this amount cannot be rolled-over and will be mailed directly to you to the address on file. Any amount not stated below will be mailed directly to you less the applicable Federal withholding (generally 20%) based on the taxable portion of benefits.

List the Financial Institution(s) below and complete the <i>Agreement of Depository Trustee</i> , Page 2 of 2	Indicate a specific amount, or ALL (taxable amount) to Rollover
1)	\$
2)	\$
3)	\$

CHECK BOX to **SEND BALANCE TO ME** less the applicable Federal withholding (generally 20%).

SECTION 3 – REQUIRED SIGNATURE of Member, Survivor/Beneficiary, or Ex-Spouse

I authorize the release the funds in the manner indicated above and acknowledge I have received a copy of the *Special Tax Notice*.

Signature _____

Date _____

Return form to your Local Board. If ex-spouse, return to the PSPRS.
*** Benefits will not be paid until the ORIGINAL document(s) are received.**

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

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

FORM U3 - Retired
08/12
Page 2 of 2

Retired Members Fax*
(602) 296-2369

AGREEMENT OF DEPOSITORY TRUSTEE

EACH financial institution MUST complete this page (make additional copies as needed)

In accordance with the authorization of the depositor on the corresponding *Lump Sum Distribution Election Form for Benefits*, we agree to deposit the forthcoming rollover amount in the following account:

Type of Account (check one):

- 1) Sec 401(a) Qualified Defined Benefit Plan
- 2) Sec 401(a) Qualified Defined Contribution Plan (Includes Sec 401k)
- 3) Sec 403(a) Qualified Annuity Plan
- 4) Sec 403(b) Tax Sheltered Annuity
- 5) Sec 408(a) Traditional IRA (Includes SEP IRA)
- 6) Sec 408(b) Individual Retirement Annuity
- 7) Sec 457 Governmental Plan

Name of Account Holder

Account Number

Name of Financial Institution

Signature of Financial Institution Representative

Date

Mailing Address

City

State

Zip

Return form to your Local Board. If ex-spouse, return to the PSPRS.

*** Benefits will not be paid until the ORIGINAL document(s) are received.**

Mailing Address

City

State

Zip+4