

**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](http://www.psprs.com)  
(602) 255-5575

Form P8 DROP  
08/16

Mail **OR** Fax form to:  
Retired Members Fax  
(602) 296-2369

Deferred Retirement Option Plan (DROP)

**DROP 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 Information</b>			
SSN	Member's Name (Last)	(First)	(Middle)
RETIREE SYSID (if known)	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> )	
Mailing Address		City, State, ZIP+4	
Home Telephone # ( )	Cell # ( )	Work # ( )	
<b>SECTION 2 – IMPORTANT <u>DROP</u> Beneficiary Information</b>			
<ul style="list-style-type: none"> <li>To update the beneficiary for your monthly pension benefits, complete a <i>Beneficiary Designation</i> form (Form P8) - <b>not</b> this form.</li> <li>Pursuant to A.R.S. § 38-844.07, a member shall not make a beneficiary designation that results in an abrogation of a member's community property obligations under the applicable laws of this state. <b>If you are married and do not designate your spouse, your spouse agrees to waive your accumulated DROP funds; the waiver only applies to your accumulated DROP funds.</b></li> <li>NOTE: Divorce automatically terminates the ex-spouse as the member's beneficiary. To maintain an ex-spouse as a beneficiary, you <b>must</b> complete a DROP Beneficiary Designation Form after the date of divorce.</li> </ul>			
<input checked="" type="checkbox"/> Primary Beneficiary Name(s)			
SSN	Name of <b>DROP</b> 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>Check ONE</b> <input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary (If not checked, the following beneficiary is a Primary Beneficiary)			
SSN	Name of <b>DROP</b> 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>Check ONE</b> <input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary (If not checked, the following beneficiary is a Primary Beneficiary)			
SSN	Name of <b>DROP</b> 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>			
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 DROP beneficiaries, copy and attach this form.  Check this box if there is an additional form attached.