

**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 9
08/12

Mail **OR** Fax form to:
Non-retired Fax
(602) 296-2368

Retired Members Fax
(602) 296-2369

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		Apply this request to the following account(s): <input type="checkbox"/> Non-retired <input type="checkbox"/> Retired <input type="checkbox"/> Survivor/Guardian <input type="checkbox"/> Refunding <input type="checkbox"/> Ex-spouse <input type="checkbox"/> DROP	
SYSID (if known)	Date of Birth (MM/DD/YYYY)	If ex-spouse, provide member's name:	
Last Name		First Name, Middle Initial	
E-mail Address (if applicable, the "Members Only" section with psprs.com will also be updated)			
Home Phone # ()	Cell # ()	Work # ()	

SECTION 2 – PRIMARY Mailing Address		
Mailing Address		
City	State	ZIP +4
Secondary Address Below (if different from above)		
Address		
City	State	ZIP +4

SECTION 3 – NAME CHANGE – Include a copy of a legal document showing your new name name - (e.g., driver's license, marriage certificate, divorce decree, passport, etc.)	
Current Name (Last, First, Middle Initial)	New Name (Last, First, Middle)

SECTION 4 – REQUIRED Signature	
Signature	Date

If not previously provided and signing as Power of Attorney or Guardian, provide our office with a complete copy of legal appointment.

Retired Members: Return the completed form by the 10th of the month to be processed the same month.