

FOR OFFICE USE ONLY

SYS: _____

ID: _____

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

3010 E. Camelback Rd., Suite 200, Phoenix, Arizona 85016
(602)255-5575 www.psprs.com
Fax: Active (602)296-2368 Fax: Benefits (602)296-2369

FORM 9

09/08

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NAME OR ADDRESS CHANGE

PLEASE PRINT:

Current Name: _____ Social Security Number: _____ - -

If applicable, please fill in the corresponding information:

I am currently an active employee

Present Employer: _____

ADDRESS CHANGE

Your New Address: _____
Street Apt. No.

City State Zip
County: _____

Home/Cell Phone Number: () - Work Phone Number: () -

Email Address: _____

Member's Signature / Date

Note: If moving permanently out of the state of Arizona, please attach *Form A-4P Annuitant's Request for Voluntary Arizona Income Tax Withholding* to terminate the prior withholding election. The form can be found on our website at www.psprs.com.

NAME CHANGE

(Please include valid documentation such as a copy of your driver's license or marriage certificate.)

Your Former Name (Printed) Your New Name (Printed)

Witness Signature Member Signature Date