

FOR CORP USE ONLY

SYS: _____

ID: _____

CORRECTIONS OFFICER RETIREMENT PLAN

3010 E. Camelback Rd., Suite 200, Phoenix, Arizona 85016

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Fax: Active (602)296-2368 Benefits (602)296-2369

FORM C8

09/08

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CHANGE OF BENEFICIARY DESIGNATION

PLEASE PRINT

If you are now receiving pension payments, CHECK HERE:

I, _____, the undersigned, in the event of my death,

- And after any survivor pension payable from the plan has terminated,
- Direct that if there remain any of my accumulated contributions arising from deductions made from my salaries in excess of pension payments paid to me or to a survivor, those remaining contributions

be paid to: _____
Name(s) of primary refund beneficiary(ies) / Trust

whose relationship(s) to me is (are): _____

social security number(s): _____

and whose date(s) of birth is (are): _____

if living, otherwise to: _____
Name(s) of contingent refund beneficiary(ies) / Trust

whose relationship(s) to me is (are): _____

social security number(s): _____

and whose date(s) of birth is (are): _____

if living, otherwise to my next-of-kin as determined by the Local Retirement Board. It is agreed that if more than one primary or contingent beneficiary, as the case may be, is named, my said accumulated contributions, if payable, will be paid in equal shares to the survivors.

DATED IN _____, ARIZONA, ON THIS _____ DAY OF _____, 20____.
(city or town)

WITNESS SIGNATURE

(Witness must be other than beneficiaries named above)

Please complete and attach Form 9 if change of beneficiary reflects a marital status change which involves a name change of member.

(_____) _____
PHONE NUMBER

MEMBER SIGNATURE

STREET ADDRESS

CITY STATE ZIP

SOCIAL SECURITY NUMBER

TO THE EMPLOYER:

Please forward to CORP and retain a copy for your records.

EMPLOYER