

**FOR PSPRS USE ONLY**  
SYS: \_\_\_\_\_  
ID: \_\_\_\_\_

**PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM**  
3010 E. Camelback Rd., Suite 200, Phoenix, Arizona 85016  
(602)255-5575 [www.psprs.com](http://www.psprs.com)  
Fax: Active (602)296-2368 Fax: Benefits (602)296-2369

**FORM P8**  
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 system 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): \_\_\_\_\_,

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): \_\_\_\_\_,

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 PSPRS  
and retain a copy for your records.

\_\_\_\_\_  
EMPLOYER