

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 FAX (602)255-5572 www.psprs.com

**FORM 9**

09/07

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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](http://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