

Add Digital ID ×

I want to sign this document using:

My existing digital ID from:

- A file
- A roaming digital ID accessed via a server
- A device connected to this computer

A new digital ID I want to create now

Add Digital ID ×

Where would you like to store your self-signed digital ID?

New PKCS#12 digital ID file

Creates a new password protected digital ID file that uses the standard PKCS#12 format. This common digital ID file format is supported by most security software applications, including major web browsers. PKCS#12 files have a .pfx or .p12 file extension.

Windows Certificate Store

Your digital ID will be stored in the Windows Certificate Store where it will also be available to other Windows applications. The digital ID will be protected by your Windows login.

Add Digital ID

Enter your identity information to be used when generating the self-signed certificate.

Name (e.g. John Smith): Fred Flintstone

Organizational Unit:

Organization Name:

Email Address: fred.flintstone@gmail.com

Country/Region: US - UNITED STATES

Key Algorithm: 2048-bit RSA

Use digital ID for: Digital Signatures and Data Encryption

Cancel < Back Next >

Add Digital ID

Enter a file location and password for your new digital ID file. You will need the password when you use the digital ID to sign or decrypt documents. You should make a note of the file location so that you can copy this file for backup or other purposes. You can later change options for this file using the Security Settings dialog.

File Name:

0:\ad\AppData\Roaming\Adobe\Acrobat\DC\Security\FredFlintstone.pfx Browse...

Password:

Strong

Confirm Password:

Cancel < Back Finish

Flintstone	Fred	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	01
updated anytime via yes.az.gov)	CITY	STATE	ZI
		AZ	

RETIREMENT DATA
 Date of separation date
 4/1/2020

NOTE: I WANT
 separation directly via
 Notification Form
 Notification is received

of the following 3
 grant)
 sit Account already
 the last 4 digits of
 r: [][][][]
 [][][][]
 either a void check
 n showing YOUR NAME
 deposit slips and state

NAME BENEFICIARY
 r Way, Phoenix

I certify that the
 must retire from
 system with an effective
 180 CALENDAR DAYS following

te service. If I retire any later, I will not be

elect a lump sum withdrawal from my retirement
 considered a forfeiture of my retirement, and I will
 SL.

maximum of 180 CALENDAR DAYS following

Sign Document

Sign As: Fred Flintstone (Fred Flintstone) 2025.04.28

Issued by: Fred Flintstone More Details

Appearance: Standard Text

Fred Flintstone Digitally signed by Fred Flintstone
 Date: 2020.04.28 10:26:16 -07'00'

Enter certificate password and click the 'Sign' button

[REDACTED]

Help Sign Cancel

ADDRESS
 om

payment. To defer, I understand
 or to separation from employ
 provider; and 3) If retiring after
 e eligible to defer under IRS

WITHHOLDING:
 e supplemental wages reported
 through HRIS/YES, am not ta
 e to apply my current tax with
 my RASL pay.
 ched a current year signed W
 ne Federal and State tax with
 I know I can update these vi

PHONE NUMBER
 (555) 555-5556

edge. I certify with initials ALL o
 of my separation from State ser
 sable sick leave hours. I unde
 ess of 1,500 must be irrevocably

Initial	I understand my RASL Benefit will be calculated as follows:
<input type="text"/>	$\left[\begin{array}{l} \text{Usable sick} \\ \text{leave hours at} \\ \text{separation} \\ \text{(capped at 1,500)} \end{array} \right] \times \left[\begin{array}{l} \text{Hourly} \\ \text{rate of} \\ \text{pay at} \\ \text{separation} \end{array} \right] \times \left[\begin{array}{l} \text{Percentage (based on} \\ \text{usable sick leave hours)} \\ 25\% (500 - 749) \\ 33\% (750 - 999) \\ 50\% (1,000 - 1,500) \end{array} \right] = \text{RASL} \\ \text{Benefit} \\ \text{(capped at } \$30,000)$
Initial	I understand that if I timely apply and the GAO has de eligible for the RASL program. my RASL benefit will be
<input type="text"/>	

RETIREE CERTIFICATIONS I certify that the information on this form is correct to the best of my knowledge. I certify with initials ALL of the following:	
Initial Fred Flintstone Digitally signed by Fred Flintstone Date: 2025.04.28 10:26:16 -07'00'	I understand that I must retire from an authorized State of Arizona retirement system with an effective retirement date not later than 31 CALENDAR DAYS following my separation of employment from State service. If I retire any later, I will not be eligible for RASL.
Initial	I understand that if I elect a lump sum withdrawal from my retirement account, it may be considered a forfeiture of my retirement, and I will not be eligible for RASL.
Initial	I understand I have a maximum of 180 CALENDAR DAYS following my effective retirement date to ensure that this form is received by the GAO. If I apply any later, I will not be eligible for RASL.
Initial	I understand that for RASL purposes, I can only retire once per retirement plan and the total value received under this program, per person, per retirement system, cannot exceed \$30,000.
Initial	I believe that at the time of my separation from State service, I had, or will have, at least 500 usable sick leave hours. I understand that all usable sick hours in excess of 1,500 must be irrevocably forfeited.
Initial	I understand my RASL Benefit will be calculated as follows:
<input type="text"/>	$\left[\begin{array}{l} \text{Usable sick} \\ \text{leave hours at} \\ \text{separation} \\ \text{(capped at 1,500)} \end{array} \right] \times \left[\begin{array}{l} \text{Hourly} \\ \text{rate of} \\ \text{pay at} \\ \text{separation} \end{array} \right] \times \left[\begin{array}{l} \text{Percentage (based on} \\ \text{usable sick leave hours)} \\ 25\% (500 - 749) \\ 33\% (750 - 999) \\ 50\% (1,000 - 1,500) \end{array} \right] = \text{RASL} \\ \text{Benefit} \\ \text{(capped at } \$30,000)$
Initial	I understand that if I timely apply and the GAO has determined I am eligible for the RASL program, my RASL benefit will be scheduled in 3 equal annual payments. I understand that RASL payments are subject to Federal, AZ State, Social Security, and Medicare taxes.
Initial	I understand the first RASL payment is generally available within 60-90 days after a qualified, complete application has been received by the GAO (not 60-90 days from retirement) and I also understand any excess disbursement may be offset against future payments.
Initial	
RETIREE OR LEGAL REPRESENTATIVE SIGNATURE: [REDACTED]	