

## Disability Retiree Change of Designated Beneficiary

Questions about  
completing this form?**Call ext. 6300**(303) 770-3772  
in the Denver Metro area(800) 332-3772  
toll free nationwide

Return completed form to:

**FPPA**5290 DTC Parkway  
Suite 100  
Greenwood Village,  
Colorado 80111-2721Or FAX form to:  
(303) 771-7622

**A change in beneficiary will reduce your monthly benefit amount. Contact FPPA for an estimate before submitting this form.**  
Upon receipt of this form, FPPA will update your beneficiary designation, recalculate your benefit and change your payment amount.

### Section 1 - MEMBER INFORMATION

MEMBER'S LAST NAME (Please Print)		MEMBER'S FIRST NAME		MEMBER'S MIDDLE INITIAL	
MAILING ADDRESS		APT #	BEST CONTACT PHONE #		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
CITY			STATE	ZIP	
SS # (last 4 digits only) XXX-XX-	EMAIL				

### Section 2 - For Members Receiving a Benefit Under the Normal, Option 1 (100% Survivor), or Option 2 (50% Survivor) Payment Option

**Members receiving a disability benefit under Payment Option 3, please see section 3.**

**This beneficiary change is due to (select one):**

- ☐ Single when disability benefits began, chose Normal Payment Option and have since married or entered into a civil union.  
(Your new spouse/partner in a civil union **must be added within 180 days of marriage/civil union date**)
- ☐ Change in marital status
- ☐ Death of my former designated beneficiary

**I now choose to (select one):**

- ☐ Designate a beneficiary (for those who chose Normal option).
- ☐ Designate a NEW beneficiary and revoke any previous designated beneficiary.
- ☐ Revoke my previous beneficiary and NOT designate a new beneficiary.

**If adding a beneficiary, also complete sections 4 and 5.**

<b>To <u>revoke</u> your beneficiary, send FPPA copies of the following documents:</b>	<b>To <u>add or change</u> a beneficiary, also include copies of the following documents:</b>
<ul style="list-style-type: none"><li>• Final Divorce Decree, or</li><li>• Death Certificate (certified copy)</li></ul>	<ul style="list-style-type: none"><li>• Marriage license or civil union certificate (if applicable)</li><li>• Birth certificate of new beneficiary</li></ul> <p>If the name on the birth certificate does not match your beneficiary's current name, please provide a copy of their driver's license or other documentation that verifies a name change.</p> <p>If your beneficiary does not reside with you, it is your responsibility to notify FPPA in the event your beneficiary changes his or her address.</p>

**Section 3 - For Members Receiving a Benefit Under Payment Option 3 (100% Surviving Spouse and Dependent Children Benefit)**

Pursuant to Rule 402.10 (c), spouse for the purposes of payment option 3 means the member's spouse at the time the first benefit payment is negotiated. If the spouse beneficiary is removed by the member or dies, the member is not permitted to add a subsequent spouse.

**This beneficiary change is due to (select one):**

- ☐ Change in marital status
- ☐ Death of my former designated beneficiary

**I now choose to:**

- ☐ Revoke my former spouse beneficiary. My children will remain as beneficiaries.

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**To revoke your beneficiary,  
send FPPA copies of the following documents:**

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- Final Divorce Decree, or
  - Death Certificate (certified copy)
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**Section 4 - New Beneficiary Information (Does Not Apply to Option 3)**

BENEFICIARY'S LAST NAME		BENEFICIARY'S FIRST NAME		BENEFICIARY'S MIDDLE INITIAL	
SS #		DATE OF BIRTH (mo / day / year)		EMAIL	
MAILING ADDRESS		APT #		BEST CONTACT PHONE # <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	
CITY		STATE		ZIP	
RELATIONSHIP OF BENEFICIARY TO MEMBER		IF SPOUSE, CHECK WHICH APPLIES: <input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

REQUIRED SIGNATURE & NOTARY

- I am aware that the beneficiary information included in this form becomes effective upon FPPA’s receipt of the form and any change in benefit will be implemented the first of the month following the date the form was received and will remain in effect until I deliver another completed and signed Disability Retiree Change of Designated Beneficiary form to FPPA.
- If in the future, your marital status changes, or in the event of the death of your beneficiary, you may revoke this form by completing a new Disability Retiree Change of Beneficiary form and submitting it to FPPA.
- A divorce must be final to allow the revocation of a former spouse as designated beneficiary.
- If a Disability Retiree Change of Designated Beneficiary is not received by our office, FPPA will retain your current beneficiary designation.
- To change beneficiaries for FPPA accounts that are serviced by Fidelity Investments (Statewide Money Purchase, 457 Deferred Compensation, DROP, or the Statewide Hybrid Plan – Money Purchase Component), please contact Fidelity Investments at (800)343-0860.

Sign and date below in the presence of a notary public.

MEMBER’S FULL LEGAL SIGNATURE

DATE

For Notary Use Only

SUBSCRIBED AND SWORN TO ME	THIS DAY AND MONTH	OF THIS YEAR
IN THE COUNTY OF		IN THE STATE OF
WITNESS MY HAND AND OFFICIAL SEAL	NOTARY’S COMMISSION EXPIRES	
NOTARY’S OFFICIAL SIGNATURE		

NOTARY SEAL