

Old Hire Retiree Change of Designated Beneficiary Form

Questions about
completing this form?

Call Retiree Payroll
ext. 6200

(303) 770-3772
in the Denver Metro area

(800) 332-3772
toll free nationwide

Return completed form to:
FPPA

mail: 5290 DTC Parkway
Suite 100
Greenwood Village,
Colorado 80111-2721

email:
RetireePayroll@FPPAco.org

or fax:
(303) 771-7622

Instructions:

This form should be completed by the Old Hire Department and returned to FPPA at the information above.

Note:

This form supersedes all previous beneficiary designations.

Part A - MEMBER INFORMATION

MEMBER'S LAST NAME		MEMBER'S FIRST NAME		MEMBER'S MIDDLE INITIAL
MAILING ADDRESS		APT #	HOME PHONE #	
CITY	STATE	ZIP	CELL PHONE #	
SS # (last 4 digits only) XXX-XX-	DATE OF BIRTH (mo / day / year)		Male <input type="checkbox"/>	Female <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/>
EMAIL				

Part B - SPOUSAL INFORMATION

SPOUSE'S LAST NAME	FIRST NAME	MIDDLE INITIAL	SS# (full 9 digits)
DATE OF BIRTH (mo / day / year)	PHONE #	SPOUSE BY: <input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION	

Were you divorced from the former designated beneficiary on record? Yes ☐ No ☐ Date of divorce ____ / ____ / ____

Is the former designated beneficiary on record deceased? Yes ☐ No ☐ Date of death ____ / ____ / ____

RETIREE'S SIGNATURE

X

DATE

Part C - DEPARTMENT CERTIFICATION

NAME OF OLD HIRE DEPARTMENT	DEPARTMENT PHONE#
DEPARTMENT'S AUTHORIZED SIGNATURE (As it appears on the Pension Authorization Form.) X	DATE
PRINTED NAME OF AUTHORIZED SIGNER	