



Fire and Police Pension Association
5290 DTC Parkway • Suite 100
Greenwood Village, Colorado 80111
(303) 770-3772 • toll free (800) 332-3772
fax (303) 771-7622 • www.FPPAco.org

RETIREE CHANGE OF DESIGNATED BENEFICIARY

Please ✓ check one:

This beneficiary designation applies ONLY to my retirement pension payable from the:

Statewide Defined Benefit Plan..... ☐

Statewide Hybrid Plan - Defined Benefit Component ☐

This beneficiary designation applies ONLY to my disability benefit payable from the:

Statewide Death & Disability Plan..... ☐

MEMBER INFORMATION

Member's Last Name First Name Middle Initial

Mailing Address Apt. # (_____) - ____ - ____
Home Phone Number

City State Zip (_____) - ____ - ____
Work Phone Number

XXX-XX-
Social Security # (last 4 digits) _____/_____/_____
Date of Birth (mo/day/yr) (_____) - ____ - ____
Cell Phone Number

Email Address _____

- If in the future, your marital status changes, or in the event of the death of the primary beneficiary named below, you may revoke this form and designate a different primary beneficiary by completing a new Retiree Change of Designated Beneficiary form and submitting it to FPPA.
- I am aware that the beneficiary information included in this form becomes effective when all necessary documents are received by FPPA and will remain in effect until I deliver another completed and signed Retiree Change of Designated Beneficiary form and all necessary documents to FPPA at a later date.
- 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.

Only ONE person can be named as primary beneficiary. If you do not complete this section, we will assume there are no changes to your Primary Beneficiary. **If you make a change in this section, any previously designated primary beneficiary is revoked.**

☐ I am electing NOT to designate a beneficiary and I elect to revoke any previous designated primary beneficiary.

Relationship of Beneficiary to Applicant _____

This beneficiary change is due to:

- ☐ Single at time of Retirement, 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***).
- ☐ Vested at termination of service however, not yet payable (age 55).
- ☐ Change in marital status.
- ☐ Death of my former designated beneficiary.

- A copy of the marriage license or civil union certificate or divorce decree;
- A copy of your new beneficiary's birth certificate;
- If the name on the birth certificate does not match your beneficiary's current name, please provide a copy of driver's license or other documentation that verifies a name change.
- A certified copy of the death certificate for your former beneficiary (if applicable).

Upon receipt of this beneficiary change form, FPPA will recalculate your benefit based on your life expectancy and that of your newly designated primary beneficiary. **This recalculation will change your benefit amount.** Depending on the birth date of your new primary beneficiary, your benefit amount may be significantly reduced.

NOTE: The change of primary beneficiary that will affect the benefit amount will become effective only upon FPPA's receipt of the required forms (either the Benefit Change Due to Change in Beneficiary form or the Benefit Option form, whichever is applicable). 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.

REFUND ONLY - BENEFICIARY OR ESTATE OR TRUST

Mark only ONE box below. This section applies only to a one-time refund of remaining member contributions, if any, not paid out in monthly pension benefits and only when there is no primary beneficiary payable. No monthly pension benefit would be paid to the beneficiaries listed below. Any previously elected Beneficiary-Refund Only or Estate or Trust is revoked. If you do not complete this section, we will assume that there are no changes to your Refund Only –Beneficiary OR Estate OR Trust. If you make a change in this section, any previously designated Refund Only Beneficiary, or Estate or Trust is revoked.

- ☐ I am electing NOT to designate a Refund Only Beneficiary or Estate or Trust and I elect to revoke any previously designated Refund Only Beneficiary or Estate or Trust.
- ☐ The following **Trust** is elected to receive a refund of remaining member contributions, if any.

Name of Trust

- ☐ I elect my **Estate** to receive a refund of remaining member contributions, if any.
- ☐ The following are named as Refund Only Beneficiaries to receive a refund of remaining member contributions, if any.

If you have more than three **Refund Only Beneficiaries**, attach a page and mark the following box.

- ☐ I have attached a page.

_____ Name	_____ Relationship	
_____-_____-_____ Social Security Number	_____/_____/_____ Date of Birth (mo/day/yr)	
_____ Phone Number	_____ Email Address	Percent of Assets _____ %

_____ Name	_____ Relationship	
_____-_____-_____ Social Security Number	_____/_____/_____ Date of Birth (mo/day/yr)	
_____ Phone Number	_____ Email Address	Percent of Assets _____ %

_____ Name	_____ Relationship	
_____-_____-_____ Social Security Number	_____/_____/_____ Date of Birth (mo/day/yr)	
_____ Phone Number	_____ Email Address	Percent of Assets _____ %

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All Percentage of Assets listed above must equal = 100%.

REQUIRED SIGNATURE & NOTARY

Please sign and date below in the presence of a notary public.

_____/_____/_____
Applicant's Full Legal Signature Date

For Notary Use Only

STATE OF _____ }
COUNTY OF _____ } ss

Subscribed and sworn to before me this _____ day of _____, year of _____.
Witness my hand and official seal.
My commission expires: _____ / _____ / _____ .

Notary Public Signature
SEAL