

**Fire and Police Pension Association**

5290 DTC Parkway, Greenwood Village, CO 80111-2721

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COLORADO SPRINGS NEW HIRE PLAN - BENEFICIARY DESIGNATION FORM**MEMBER INFORMATION**

SOCIAL SECURITY NUMBER	BIRTHDATE (Month / Day / Year)	EMPLOYER	
FIRST NAME	MIDDLE INITIAL	LAST NAME	EMAIL ADDRESS
STREET ADDRESS	CITY	STATE	ZIP
		() - HOME PHONE	

REFUND ONLY - Beneficiaries or Estate or Trust - Mark only ONE box below.

The Colorado Springs New Hire Pension Plan provides for a monthly lifetime benefit payable in the event of a members's death to a qualified spouse or qualified child (please see the plan rules for definitions). This beneficiary designation applies **only** to a one-time refund of remaining member contributions not paid out in monthly pension benefits and only when there is no qualified spouse or partner in a civil union or qualified child. No monthly benefit would be paid to the beneficiaries listed below. Any previously elected Refund Only Beneficiaries, Estate or Trust is hereby revoked.

Mark only ONE box below.

☐ 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 contributors, if any.

☐ The following are named as **REFUND ONLY BENEFICIARIES** to receive a refund of remaining member contributions, if any. You may name one person or more. If you have more than three attach an additional page, and then check here _____.

NAME	RELATIONSHIP	DATE OF BIRTH	% OF REFUND
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SOCIAL SECURITY #	() - PHONE NUMBER	EMAIL ADDRESS
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NAME	RELATIONSHIP	DATE OF BIRTH	% OF REFUND
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SOCIAL SECURITY #	() - PHONE NUMBER	EMAIL ADDRESS
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NAME	RELATIONSHIP	DATE OF BIRTH	% OF REFUND
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SOCIAL SECURITY #	() - PHONE NUMBER	EMAIL ADDRESS	TOTAL PERCENT OF ASSETS MUST = 100%
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AUTHORIZATION / ACKNOWLEDGEMENT

- I understand that this beneficiary designation applies only to a refund of remaining member contributions not paid out in monthly pension benefits.
- I understand that this beneficiary designation does not designate a beneficiary for a monthly benefit paid to a qualified spouse or qualified child.
- I understand that this beneficiary designation does not apply if benefits are payable under the Statewide Death & Disability Plan.
- I am aware that the beneficiary information included in this form becomes effective when received by FPPA and will remain in effect until I deliver another completed and signed Beneficiary Designation Form to FPPA at a later date.
- I am aware that if I am making changes to my beneficiary designation, I hereby elect to revoke any previous designated beneficiary and elect to make a designation as indicated. I understand that if I wish to retain any beneficiary that I previously named, I must reenter this information in the appropriate section on this form.

MEMBER'S SIGNATURE

DATE

CS NHP BD 9.13