

Fire & Police Pension Association of Colorado

FPPAco.org • 5290 DTC Parkway, Suite 100 • Greenwood Village, Colorado 80111-2721
(303) 770-3772 in the Denver Metro area • (800) 332-3772 toll free nationwide • (303) 771-7622 fax

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|---------------------------------|---|--|-------------------|--------------------------|--|--------------------------|---|--------------------------|--|--------------------------|--|--------------------------|---|--------------------------|--|--------------------------|---|
| For | Vested or Non-Vested Statewide Defined Benefit, Statewide Hybrid Plan Members, or Colorado Springs New Hire Pension Plan Members | | | | | | | | | | | | | | | | |
| To Apply For A | Refund | | | | | | | | | | | | | | | | |
| | <p>This Packet Applies To: Terminated members who now wish to withdraw or rollover their employee contributions from:</p> <ul style="list-style-type: none">• One of the following statewide plans:<ul style="list-style-type: none">- Statewide Defined Benefit Plan,- Statewide Hybrid Plan or- FPPA Social Security Supplemental Retirement Plan,and are:<ul style="list-style-type: none">• Non-vested (less than 5 years of service) or• Vested (5 years of service or more, but do not wish to apply for a retirement benefit)• Colorado Springs New Hire Pension Plans (Police & Fire) and are:<ul style="list-style-type: none">• Non-vested (less than 10 years of service)• Vested (10 years of service or more, but do not wish to apply for a retirement benefit) <p>Please Remember:</p> <ul style="list-style-type: none">• Complete all appropriate parts of the forms, and• Have your signature notarized, if applicable. <p>Questions? Contact an FPPA Retirement Coordinator at the phone numbers listed above.</p> <p>Send all completed forms to: FPPA Retirement Coordinator at the address listed above.</p> <p><i>Please make copies for your files of the forms you fill out prior to submitting them to FPPA.</i></p> | | | | | | | | | | | | | | | | |
| Forms & Publications | <p>In this application packet you will find the following forms and information needed to process your application. Check the box to the LEFT as you complete each of the forms.</p> <table border="1"><tr><td></td><td>Instructions Memo</td></tr><tr><td><input type="checkbox"/></td><td>Special Tax Notice Regarding Plan Payments</td></tr><tr><td><input type="checkbox"/></td><td>Application For A Refund or Rollover of Contributions</td></tr><tr><td><input type="checkbox"/></td><td>Withholding/Rollover Election Form For Eligible Rollover Distributions</td></tr><tr><td><input type="checkbox"/></td><td>Form W-4P Refund of Contributions, SRA or DROP Distributions</td></tr><tr><td><input type="checkbox"/></td><td>Form W-9 Request Taxpayer Identification Number and Certification</td></tr><tr><td><input type="checkbox"/></td><td>Electronic Funds Transfer/Direct Deposit</td></tr><tr><td><input type="checkbox"/></td><td>Vested Retirement Option Form (if applicable)</td></tr></table> | | Instructions Memo | <input type="checkbox"/> | Special Tax Notice Regarding Plan Payments | <input type="checkbox"/> | Application For A Refund or Rollover of Contributions | <input type="checkbox"/> | Withholding/Rollover Election Form For Eligible Rollover Distributions | <input type="checkbox"/> | Form W-4P Refund of Contributions, SRA or DROP Distributions | <input type="checkbox"/> | Form W-9 Request Taxpayer Identification Number and Certification | <input type="checkbox"/> | Electronic Funds Transfer/Direct Deposit | <input type="checkbox"/> | Vested Retirement Option Form (if applicable) |
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| <input type="checkbox"/> | Vested Retirement Option Form (if applicable) | | | | | | | | | | | | | | | | |

Instructions Memo

1. Read the *Special Tax Notice Regarding Your Rollover Options* carefully before you make a distribution decision.
2. An *Application for a Refund or Rollover of Contributions* must be completed, notarized and returned to FPPA. A refund or rollover cannot be processed without this form.
 - a) If the contribution amount to be refunded is \$1,000 or less, your signature on the application does not need to be notarized.
 - b) If you have problems getting the employer section completed, send the notarized form to FPPA and we will forward it to your former employer for you. Please note that this will delay your request.
 - c) Whatever address you supply (where your refund is to be mailed) is the address where FPPA will mail your 1099R at the end of the year.
3. If you elect to roll over part, or all, of your eligible rollover distribution, complete the *Withholding/Rollover Election Form* for before-tax contributions.
 - a) Before-tax contributions and interest are eligible for a direct rollover to another eligible employer plan, traditional IRA, Roth IRA or tax sheltered annuity. Eligible employer plans include: 401(a), 401(k), 403(b) and 457(b) (governmental plans only). An eligible employer plan is not legally required to accept a rollover. Before you decide to roll over your before-tax contributions to another eligible employer plan, you should find out whether the plan accepts rollovers and, if so, the types of distributions it accepts as a rollover. You should also find out about any documents that are required to be completed before the receiving plan will accept a rollover. Your before-tax contributions are considered a 401(a) retirement plan.

You will receive a check for the amount of the rollover. The check will be made payable to the trustee of your new plan. You are responsible for delivering the check to your new plan, unless you are rolling the refund of contributions to an FPPA 457 account at Fidelity. In this case, FPPA would forward the check to Fidelity.

If FPPA does not receive a completed *Withholding/Rollover Election Form* with your *Application for a Refund or Rollover of Contributions*, we will assume you do not want to roll over any portion of your eligible rollover distribution and we will issue the refund to you for the total amount less any withholding.

4. If you elect to have all or a portion of your contributions paid directly to you, or if you have any after-tax contributions, you may choose to have a check mailed to you or request an *Electronic Funds Transfer/Direct Deposit* form. If you choose electronic funds transfer, please complete the *Electronic Funds Transfer/Direct Deposit* form. Attach a voided check for each account listed. Funds will be distributed less any withholding.
5. Complete the following required forms:

The W-4P (required) is your tax withholding election form for your monthly pension benefit. Until it is received, FPPA is required by the IRS to withhold taxes at a rate of married with three (3) deductions. This pension is taxable. Please contact your tax advisor if you have questions concerning the appropriate amount to withhold.

The W-9 (required) is a request for Taxpayer Identification Number of a U.S. person (including a resident alien) and to request certain certifications and claims for exemption. If you are unable to complete the W-9 form, please complete a W-8BEN form, which can be downloaded from the IRS website at www.irs.gov/formw8ben.



Application Packet

Fire & Police Pension Association of Colorado

FPPAco.org • 5290 DTC Parkway, Suite 100 • Greenwood Village, Colorado 80111-2721

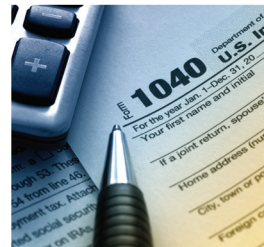
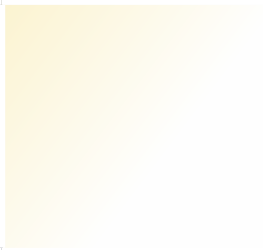
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Instructions Memo - *continued*

6. If vested – read carefully and complete the *Vested Retirement Option Form*. Please note: if you apply for a refund of member contributions, you will forfeit your SRA account.

A refund shall be processed within 120 days after FPPA has received a completed *Request for Refund of Contributions Form*, all supporting documentation and the final contribution. FPPA issues payments on the 21st of the month. If the 21st falls on a weekend or holiday, the payments are issued on the last business day prior to the 21st. Our payroll deadline is the 1st of each month.

If you have questions regarding the refund process, please call the Assistant Retirement Coordinator at 1-800-332-3772 or 303-770-3772.



FPPA Special Tax Notice Regarding Your Rollover Options

Under a Governmental 401(a) Plan

You are receiving this notice because all or a portion of a payment you are receiving from a 401(a) qualified plan administered by the Fire and Police Pension Association (the "Plan") is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover. IF YOU RECEIVE OR ACCESS THIS NOTICE ELECTRONICALLY, YOU MAY REQUEST A PAPER COPY OF THIS NOTICE AT NO CHARGE TO YOU.

This notice describes the rollover rules that apply to payments from the Plan that are not from a designated Roth account (a type of account with special tax rules in some employer plans). If you also receive a payment from a designated Roth account in the Plan, you will be provided a different notice for that payment, and the Plan's administrator or the payor will tell you the amount that is being paid from each account.

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.



General Information About Rollovers

How can a rollover affect my taxes?

You will be taxed on the payment of any pre-tax contributions from the Plan if you do not roll it over. If you are under age 59 ½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (unless an exception applies).

If you do a rollover of pre-tax contributions to a traditional IRA or an eligible employer plan, you will not have to pay tax until you receive payments later from the IRA or plan, and the 10% additional income tax will not apply if those payments are made after you are age 59 ½ (or if an exception applies).

If you do a rollover of pre-tax contributions to a Roth IRA, you will be taxed on the amount rolled over (reduced by any after-tax amount). However, if you are under age 59 ½ at the time of the rollover, the 10% additional income tax will not apply. See the section below titled “If you roll over your payment to a Roth IRA” for more details.

Where may I roll over the payment?

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified section 401(a) plan, section 403(b) plan, or governmental section 457(b) deferred compensation plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment of the rolled over amount in the future. Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

How do I do a rollover?

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes. If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. You will have 60 days after you receive the payment to make the deposit. This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59 ½ (unless an exception applies).

How much may I roll over?

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary.) (This means that your lifetime monthly benefits are not eligible for rollover.)
- Required minimum distributions after age 70 ½ (or after death.)
- Corrective distributions of contributions that exceed tax law limitations

The Plan administrator or the payor can tell you what portion of a payment is eligible for rollover.

If any portion of your payment is taxable but cannot be rolled over, the mandatory withholding rules described above do not apply. In this case, you may elect not to have withholding apply to that portion. If you do nothing, an amount will be taken out of this portion of your payment for federal income tax withholding. To elect out of withholding, ask the Plan administrator for the election form and related information.

If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?

If you are under age 59 ½, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- **Payments from a governmental pension plan** made after you separate from service if you are a public safety employee and you are at least age 50 in the year of the separation
- Payments made due to disability
- Payments after your death
- Corrective distributions of contributions that exceed tax law limitations
- Payments made directly to the government to satisfy a federal tax levy
- Payments made under a qualified domestic relations order (DRO)
- Payments up to the amount of your deductible medical expenses

If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?

If you receive a payment from an IRA when you are under age 59 ½, you will have to pay the 10% additional income tax on early distributions from the IRA, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- There is no exception for payments after separation from service that are made after age 55.
- The exception for qualified domestic relations orders (DROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments for health insurance premiums after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

Are there limits on the number of rollovers I may do?

There are no limits on Plan to IRA rollovers. However, within a 1-year period from the date on which you have a distribution from the Plan rolled over to an IRA, you cannot make a rollover from that IRA to another IRA. This 1-year limit does not apply to trustee to trustee transfers between IRAs.

Will I owe State income taxes?

This notice does not describe any State or local income tax rules (including withholding rules).

Special Rules & Options

If your payment includes after-tax contributions

After-tax contributions included in a payment are not taxed. If a payment is only part of your benefit, an allocable portion of your after-tax contributions is included in the payment, so you cannot take a payment of only after-tax contributions. However, if you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in a payment. In addition, special rules apply when you do a rollover, as described below.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs). If you do a direct rollover of only a portion of the amount paid from the Plan and at the same time the rest is paid to you, the portion directly rolled over consists first of the amount that would be taxable if not rolled over. For example, assume you are receiving a distribution of \$12,000, of which \$2,000 is after-tax contributions. In this case, if you directly roll over \$10,000 to an IRA that is not a Roth IRA, no amount is taxable because the \$2,000 amount not directly rolled over is treated as being after-tax contributions. If you do a direct rollover of the entire amount paid from the Plan to two or more destinations at the same time, you can choose which destination receives the after-tax contributions.

If you do a 60-day rollover to an IRA of only a portion of a payment made to you, the after-tax contributions are treated as rolled over last. For example, assume you are receiving a distribution of \$12,000, of which \$2,000 is after-tax contributions, and no part of the distribution is directly rolled over. In this case, if you roll over \$10,000 to an IRA that is not a Roth IRA in a 60-day rollover, no amount is taxable because the \$2,000 amount not rolled over is treated as being after-tax contributions.

You may roll over to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover (and only if the receiving plan separately accounts for after-tax contributions and is not a governmental section 457(b) plan). You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

If you miss the 60-day rollover deadline

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. To apply for a waiver, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*.

If you were born on or before January 1, 1936

If you were born on or before January 1, 1936 and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, Pension and Annuity Income.

If you roll over your payment to a Roth IRA

You can roll over a payment from the Plan made after January 1, 2016 to a Roth IRA only if your modified adjusted gross income is not more than \$117,000 for the year the payment is made to you. If married, and you file a joint return, your modified adjusted gross income is not more than \$184,000. The Plan administrator is not responsible for verifying your eligibility to make a rollover to a Roth IRA. (IRS Notice 2008-30)

If you roll over the payment to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. However, the 10% additional income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within 5 years, counting from January 1 of the year of the rollover).

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59½ (or after your death or disability, or as a qualified first-time home buyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime.

For more information, see IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*, and IRS Publication 590-B, *Distributions from Individual Retirement Arrangements (IRAs)*. You should consult your tax advisor if you are interested in rolling over your distribution to a Roth IRA.

If you do a rollover to a designated Roth account in the Plan

You cannot roll over a distribution to a designated Roth account in another employer's plan. However, you can roll the distribution over into a designated Roth account in the distributing Plan. If you roll over a payment from the Plan to a designated Roth account in the Plan, the amount of the payment rolled over (reduced by any after-tax amounts directly rolled over) will be taxed. However, the 10% additional tax on early distributions will not apply (unless you take the amount rolled over out of the designated Roth account within the 5-year period that begins on January 1 of the year of the rollover).

If you roll over the payment to a designated Roth account in the Plan, later payments from the designated Roth account that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a designated Roth account is a payment made both after you are age 59½ (or after your death or disability) and after you have had a designated Roth account in the Plan for at least 5 years. In applying this 5-year rule, you count from January 1 of the year your first contribution was made to the designated Roth account. However, if you made a direct rollover to a designated Roth account in the Plan from a designated Roth account in a plan of another employer, the 5-year period begins on January 1 of the year you made the first contribution to the designated Roth account in the Plan or, if earlier, to the designated Roth account in the plan of the other employer. Payments from the designated Roth account that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies).

If you are an eligible retired public safety officer and your pension payment is used to pay for health coverage or qualified long-term care insurance

If you retired as a public safety officer and your retirement was by reason of disability or was after normal retirement age, you can exclude from your taxable income plan payments paid directly as premiums to an accident or health plan (or a qualified long-term care insurance contract) that your employer maintains for you, your spouse, or your dependents, up to a maximum of \$3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

The Form 1099-R that you receive from the Plan administrator will report the deducted insurance premium as taxable. If you want to take advantage of this \$3,000 exclusion, you must report the amount claimed on your Form 1040. The instructions to Form 1040 explain that the taxable amount received from the Plan, reduced by the amount of qualified premiums deducted and paid by the Plan (not to exceed \$3,000), must be entered on line 16b of the Form 1040. Next to the entry, in the margin, you must write the letters "PSO." This is an annual election—you will need to report the exclusion for each year in which you want to claim the exclusion.

If you are not a plan member

Payments after death of the member. If you receive a distribution after the member's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions and the special rules for public safety officers do not apply, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the member was born on or before January 1, 1936.

If you are a surviving spouse. If you receive a payment from the Plan as the surviving spouse of a deceased member, you have the same rollover options that the member would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59 ½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70 ½.

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the member had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the member had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the member would have been age 70 ½.

If you are a surviving beneficiary other than a spouse. If you receive a payment from the Plan because of the member's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

Payments under a qualified domestic relations order. If you are the spouse or former spouse of the member who receives a payment from the Plan under a domestic relations order (DRO), you generally have the same options the member would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). If you are an alternate payee other than the spouse or former spouse of the member, you generally have the same options as a surviving beneficiary other than the spouse, so that the only rollover option you have is to do a direct rollover to an inherited IRA. Payments under the DRO will not be subject to the 10% additional income tax on early distributions.

If you are a nonresident alien

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, *U.S. Tax Guide for Aliens*, and IRS Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

Other special rules

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than \$200, the Plan is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover.

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information, see IRS Publication 3, *Armed Forces' Tax Guide*.

Notice Period

Generally, payment cannot be made from the Plan until at least 30 days after you receive this notice. Thus, you have at least 30 days to consider whether or not to have your payment rolled over. If you do not wish to wait until this 30-day notice period ends before your election is processed, you may waive the notice period by making an affirmative election indicating whether or not you wish to make a direct rollover. Your payment will then be processed in accordance with your election as soon as practical after it is received by the Plan administrator.

For More Information

You may wish to consult with the Plan administrator or payor, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, *Pension and Annuity Income*; IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*; IRS Publication 590-B, *Distributions from Individual Retirement Arrangements (IRAs)*; and IRS Publication 571, *Tax-Sheltered Annuity Plans (403(b) Plans)*. These publications are available from a local IRS office, on the web at www.irs.gov, or by calling 1-800-TAX-FORM.



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(303) 770-3772 ■ toll free (800) 332-3772 ■ fax (303) 771-7622

FPPAco.org

January 2016



Application for a Refund or Rollover of Contributions

INSTRUCTIONS

To request a refund or rollover of your defined benefit contributions, you must complete this application and submit it to FPPA. For a refund or rollover of your Money Purchase Contributions, contact Fidelity Investments at (800) 343-0860.

Complete Parts A and B of this application and be sure to have your signature notarized. **Include your name and last 4 digits of your social security number on Part C Employer's Section and have your employer complete Part C.** A completed employer section is required for each previous employer (in the Statewide Defined Benefit Plan or Statewide Hybrid Plan). Return the completed application to FPPA.

If you are a member of the **FPPA Defined Benefit System** (in either the Statewide Defined Benefit Plan or the Statewide Hybrid Plan), you may choose to receive a vested retirement instead of a refund if you have at least 5 years of credited service and leave your contributions with FPPA. For more information on vested retirement, please contact FPPA's Benefits Department.

Part A - GENERAL APPLICANT INFORMATION

| | | | | |
|--------------------------------------|---------------------------------|------------|---|----------------|
| LAST NAME <i>(please print)</i> | | FIRST NAME | | MIDDLE INITIAL |
| MAILING ADDRESS | | APT # | BEST CONTACT PHONE # | |
| | | | (_____) _____ - _____ | |
| CITY | STATE | ZIP | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | |
| SS # (last 4 digits only) XXX-XX- | DATE OF BIRTH (mo / day / year) | EMAIL | | |
| | | | | |

Part B - MEMBER'S STATEMENT

I, (insert name) _____, am a member of the Fire and Police Pension Association,

and I hereby certify that I ceased to be an employee of (enter city/district and department) _____

on the _____ (day) of _____ (month), _____ (year).

I further certify that I am not employed by any other Colorado police or fire department covered by the FPPA Defined Benefit System which is administered by FPPA.

Pursuant to law, I hereby **voluntarily** and knowingly request a refund of the full amount of employee accumulated contributions to FPPA plus allowable interest.

With this application I acknowledge the following:

- by accepting a refund of my contributions, I waive all rights to any and all benefits provided by FPPA of which I was a member at the time my contributions were made,
- I am forfeiting service credit for the employment period covered by the refund,
- I am forfeiting my right to pension benefits, which may include normal retirement, disability and survivor benefits, early retirement, vested retirement and/or deferred retirement,
- I understand that I am not entitled to receive any employer contributions made on my behalf during the period covered by the refund,
- by taking a refund, I am forfeiting the entire balance of my Separate Retirement Account (SRA) (if applicable),
- I have had an opportunity to review the terms of the plan, as well as the opportunity to obtain the advice of an attorney and/or financial advisor of my choice about this refund,
- I fully know and understand the consequences of taking a refund of my accumulated defined benefit contributions.

Address where refund is to be mailed. ☐ Same address on Page 1.

| | | | |
|-----------------|-------|---------|--|
| MAILING ADDRESS | APT # | PHONE # | |
| CITY | STATE | ZIP | |

REQUIRED SIGNATURE & NOTARY

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

APPLICANT'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

Part C - EMPLOYER'S SECTION

A completed **Employer Section** is required for each previous employer (in the Statewide Defined Benefit Plan or Statewide Hybrid Plan).

| | |
|---------------|---|
| MEMBER'S NAME | MEMBER'S SS # (last 4 digits only) XXX-XX- |
|---------------|---|

As the member's previous employer, your certification of certain aspects of the member's employment is needed. Please provide the following information about the member identified above.

| | |
|--|--|
| Was this an employee of your department? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has this employee terminated service? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has the department submitted the final contribution? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | | |
|----------------------------|--------------------------------|-----|
| EMPLOYER'S SIGNATURE | CITY / TOWN / SPECIAL DISTRICT | |
| EMPLOYER'S PRINTED NAME | PHONE # | |
| CITY | STATE | ZIP |
| DATE (month / date / year) | | |

Questions about
completing this form?
Call and ask for a:
Retirement Coordinator
(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 80111-2721
Or FAX form to:
(303) 771-7622

Rollover/Distribution Election Form

FEDERAL WITHHOLDING RULES

If you have your plan benefits paid directly to you, the Plan Administrator is required to withhold 20% of your payment for federal income taxes. If you elect a direct rollover, no federal income taxes will be withheld on the amount rolled over.

DIRECT ROLLOVER RULES

You can have part of your Plan benefits paid to you and the rest paid as a rollover to a Roth IRA, traditional IRA or an eligible employer plan. FPPA will cut a check made out to an eligible plan, FBO (for the benefit of) "member name". This check will be sent to you. In order to rollover these funds, you will need to forward the check on to the appropriate party.

PART A - DIRECT ROLLOVER / PAYMENT ELECTION - *Please print legibly.*

☐ I elect to have _____ % of my Plan benefits paid directly to me*. I understand that 20% of my distribution will be withheld for federal income taxes unless I have elected to have more than 20% withheld.

*** If you have part of your plan benefits paid directly to you, please complete the attached Form W4-P.**

☐ I elect to have _____ % of my Plan benefits paid as a rollover to:

TRUSTEE

ACCOUNT NUMBER

The above plan is (check one):

- ☐ An eligible employer plan.
- 1) Eligible employer plans are not legally required to accept a rollover.
 - 2) Eligible employer plans include: 401(a), 401(k), 403(b), and 457(b) - (governmental plans only).
 - 3) **Please check with your plan administrator to determine if the plan accepts a rollover of distributions from a 401(a) retirement plan before making your decision.**

☐ Transfer to the Money Purchase Component of the Statewide Hybrid Plan.

☐ A Roth IRA.

☐ A traditional IRA.

☐ FPPA's 457 Plan. **This must be an existing account.**

☐ Statewide Money Purchase Plan.* (For transfers from the Statewide Defined Benefit Plan only.)

☐ Date of Hire ____ / ____ / ____ Employer _____

***You must be employed by a department that covers its members under the Statewide Money Purchase Plan.**

PART B - PARTICIPANT INFORMATION - *Please print legibly.*

PARTICIPANT'S LAST NAME

FIRST NAME

MIDDLE INITIAL

MAILING ADDRESS

APT #

PHONE #

CITY

STATE

ZIP

SS # (last 4 digits only)

XXX-XX-

PART C - SIGNATURE

I have received and read the *Special Tax Notice Regarding Plan Payments* summarizing withholding and direct rollover rules which apply to my Plan distribution. I have checked the appropriate boxes above to indicate my elections for my distribution(s) from this Plan. I understand that if I do not make an affirmative election, the Plan Administrator will assume I want my Plan benefits paid to me and will withhold the 20% federal withholding.

Participant's Signature

Date

RDEF 4-19-16



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

**FEDERAL / STATE
Withholding Certificate for
Pension Payments**

**Form W-4P
Refund of Contributions,
SRA or DROP
Distributions**

▲ Type or print your full name

XXX-XX-

▲ Your social security number (last 4 digits only)

▲ Home address (number and street or rural route)

▲ Area code and telephone number

▲ City or town, state, and ZIP code

If you elected a **Direct Rollover**, you DO NOT need to fill out this form as no federal or state taxes will be withheld on the amount rolled over.

If you elected a **Lump Sum Distribution**, and it is paid directly to you, it is **mandatory that 20% be withheld for federal taxes**.

If you elected **Periodic Payments**, it is **mandatory that 20% be withheld for federal taxes** if the amount of your periodic payment will cause your account balance to be depleted in less than 10 years. If you are applying for a refund of contributions, you are not eligible for periodic payments.

The 20% mandatory withholding will automatically be implemented where necessary. Please select the manner in which you would like federal and state taxes withheld from your lump sum pension or monthly payment by choosing from the options below.

FEDERAL INCOME TAX WITHHOLDING

_____ A lump sum distribution or periodic payments will cause my account balance to be depleted in less than 10 years. This will implement **20% MANDATORY** withholding for federal taxes.

_____ I elect to have the following amount, **IN EXCESS OF THE 20% MANDATORY**, withheld for federal income tax purposes \$ _____.

_____ I elect to have the following percentage, **IN EXCESS OF THE 20% MANDATORY**, withheld for federal income tax purposes _____%.

_____ Periodic payments from my account will continue for more than 10 years. I elect to have the following: percentage _____% **OR** amount \$ _____ withheld for federal income tax purposes.

COLORADO STATE INCOME TAX WITHHOLDING

_____ I elect to have state income tax withheld at 4.63%.

_____ I elect to have the following amount withheld for state income tax purposes \$ _____.

_____ I elect to have the following percentage withheld for state income tax purposes _____%.

_____ I do not wish to have state income tax withheld.

Signature

Date

For office use only

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

| | | |
|--|---|---|
| Print or type. See Specific Instructions on page 3. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | |
| | 2 Business name/disregarded entity name, if different from above | |
| | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i> |
| | 5 Address (number, street, and apt. or suite no.) See instructions. | Requester's name and address (optional) |
| | 6 City, state, and ZIP code | |
| | 7 List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | | |
|--------------------------------|--|--|--|---|--|--|--|---|--|--|
| Social security number | | | | | | | | | | |
| | | | | - | | | | - | | |
| or | | | | | | | | | | |
| Employer identification number | | | | | | | | | | |
| | | | | - | | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|-----------|----------------------------|--------|
| Sign Here | Signature of U.S. person ► | Date ► |
|-----------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

| IF the entity/person on line 1 is a(n) . . . | THEN check the box for . . . |
|--|---|
| • Corporation | Corporation |
| • Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes. | Individual/sole proprietor or single-member LLC |
| • LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes. | Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation) |
| • Partnership | Partnership |
| • Trust/estate | Trust/estate |

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

| IF the payment is for . . . | THEN the payment is exempt for . . . |
|--|---|
| Interest and dividend payments | All exempt payees except for 7 |
| Broker transactions | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| Barter exchange transactions and patronage dividends | Exempt payees 1 through 4 |
| Payments over \$600 required to be reported and direct sales over \$5,000 ¹ | Generally, exempt payees 1 through 5 ² |
| Payments made in settlement of payment card or third party network transactions | Exempt payees 1 through 4 |

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.

You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

| For this type of account: | Give name and SSN of: |
|--|---|
| 1. Individual | The individual |
| 2. Two or more individuals (joint account) other than an account maintained by an FFI | The actual owner of the account or, if combined funds, the first individual on the account ¹ |
| 3. Two or more U.S. persons (joint account maintained by an FFI) | Each holder of the account |
| 4. Custodial account of a minor (Uniform Gift to Minors Act) | The minor ² |
| 5. a. The usual revocable savings trust (grantor is also trustee) | The grantor-trustee ¹ |
| b. So-called trust account that is not a legal or valid trust under state law | The actual owner ¹ |
| 6. Sole proprietorship or disregarded entity owned by an individual | The owner ³ |
| 7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A)) | The grantor* |
| For this type of account: | Give name and EIN of: |
| 8. Disregarded entity not owned by an individual | The owner |
| 9. A valid trust, estate, or pension trust | Legal entity ⁴ |
| 10. Corporation or LLC electing corporate status on Form 8832 or Form 2553 | The corporation |
| 11. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 12. Partnership or multi-member LLC | The partnership |
| 13. A broker or registered nominee | The broker or nominee |

| For this type of account: | Give name and EIN of: |
|---|-----------------------|
| 14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |
| 15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B)) | The trust |

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Electronic Funds Transfer / Direct Deposit

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

| | | | | |
|--------------------------|-------|------------|----------------|--------------------------------------|
| LAST NAME (please print) | | FIRST NAME | MIDDLE INITIAL | SS # (last 4 digits only) XXX-XX- |
| MAILING ADDRESS | | | EMAIL ADDRESS | |
| CITY | STATE | ZIP | PHONE | |

DIRECT DEPOSIT BANK INFORMATION

- FPPA will make deposits to a bank account. Only one institution/account can be designated for the deposit of funds.
- Completing this form supersedes all prior direct deposit elections on file with FPPA.

APPLICABLE BENEFIT ACCOUNT(S)

If you receive more than one monthly pension benefit, please indicated which benefit account to apply this Direct Deposit change:

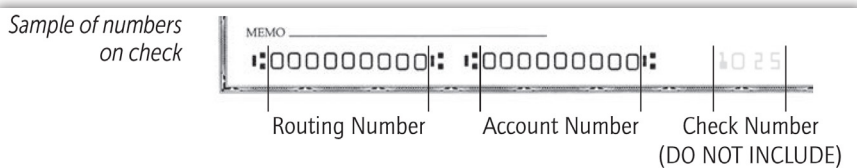
☐ N/A ☐ All Accounts ☐ One Account Plan _____ Last Employer _____

Please attach a voided check for the account listed.

| | |
|-----------|---|
| BANK NAME | CHECKING <input type="checkbox"/> - OR - SAVINGS <input type="checkbox"/> |
|-----------|---|

DEPOSIT THE FULL AMOUNT ☐ - OR - AMOUNT TO DEPOSIT \$ _____

| | |
|---|----------------|
| ACCOUNT # (refer to illustration below) | BANK ROUTING # |
|---|----------------|



SIGNATURE CERTIFICATION

I hereby authorize FPPA to automatically deposit my pension payment into the account listed. I understand that my benefit payment will be credited to my account on the 21st of each month. If that date occurs on a weekend or holiday, my account will then be credited on the preceding business day.

I understand that FPPA will make deposits to a bank account that I designate. Electronic transfer of monthly pension payments will be made to one institution that is part of the Federal Reserve. Additionally, I understand I may cancel this authorization at any time by notifying FPPA in writing or via the Member Account Portal. All changes will become effective after FPPA receives the notification and has a reasonable opportunity to act on it.

Signature of Retiree or Legal Representative

_____/_____/_____
Date

For office use only



EFTDD 8.17



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

VESTED RETIREMENT OPTION FORM

If you are a member of the Statewide Defined Benefit Plan or Statewide Hybrid Plan and have completed at least five years of service in the Plan, you are eligible to apply for a vested retirement in lieu of a refund of contributions. Please indicate below your chosen option. If you elect to take a refund, please be aware that your SRA account will be forfeited.

☐ I elect to apply for a vested retirement pension from the SWDB or SWH Plan. I will complete the retirement application and forward all documentation to FPPA.

☐ I elect to apply for a refund of contributions. I understand I am declining the option to apply for a vested retirement and that my SRA account will be forfeited. I will complete the refund application and forward all documentation to FPPA.

Member's Name (please print)

Member's Signature

Member's Social Security Number (last 4 digits)

Date

Please return this form with your paperwork. If you have any questions regarding your options, feel free to call the FPPA office at (303) 770-3772 in the Denver Metro area or (800) 332-3772 toll free nationwide.