

Application To Purchase Service Credit

Questions about completing this form?

Call ext. 6400

(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

Instructions

Complete the entire application. Include the last four digits of your SSN on each page. Complete page 2 and 3 for each previous employment that you want to purchase. Make a copy for your records and send the original to FPPA with a legible copy of your driver's license or birth certificate and any other supporting documentation.

The salary used to calculate the service credit purchase cost is the highest rate of pay (base salary) for any calendar year in the plan. Typically this is a member's current base salary at the time of purchase (*for Colorado Springs Plans – Police and Fire, this is the FAS – last 18 months*).

For additional information, call an FPPA Benefits Coordinator at the phone numbers listed above right.

MEMBER'S LAST NAME ▼		MEMBER'S FIRST NAME ▼		MEMBER'S MIDDLE INITIAL ▼	
Last 4 digits of SS# <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		EMAIL		BEST CONTACT NUMBER <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	

You must submit the following documents with your application. Check the box below as you include each document.

- ☐ Legible copy of your driver's license
- ☐ Page 2 and 3 of the application for each employment you want to purchase
- ☐ Current statement for each account you are using to purchase (non FPPA account(s) only).

Last 4 digits of your SS#

PURCHASE SELECTION (Choose One)
☐ Specific number of years and months of service.

____ / ____
year(s) month(s)

☐ All service available funds can purchase.

☐ Specific dollar amount.

\$ _____

PREVIOUS EMPLOYER INFORMATION

PREVIOUS EMPLOYER ▼

PHONE ▼

Employment BEGIN Date ____ / ____ / ____

Employment END Date ____ / ____ / ____

☐ Check if Employer is out of business

Choose one in each section 1 - 4 below:

1. ☐ FULL TIME ☐ PART TIME *(If part-time, provide a detailed history of employment dates and salary verified by copies of your W-2's or Social Security statement.)*
2. ☐ PUBLIC EMPLOYMENT ☐ PRIVATE EMPLOYMENT ☐ MILITARY *(Provide a copy of your DD214.)*
3. ☐ I participated in a mandatory retirement plan *(such as a 401a)* other than social security with this employer, **AND** *(Check one box of the subset below.)*
 - ☐ I no longer have any funds in this retirement plan.
 - ☐ I plan on transferring funds from this retirement plan to FPPA to purchase service credit. **(Note: If you still have funds in your retirement plan, these funds must be used first before any other funds can be used. Provide a copy of the most recent statement).**
 - ☐ I only contributed to Social Security during the course of this employment.
4. During this employment did you take a military leave that was covered by the "Uniformed Services Employment and Reemployment Rights Act of 1994", chapter 43 of Title 38, U.S.C., as amended?
 - ☐ NO ☐ YES If yes, contact an FPPA Benefits Coordinator to provide additional information.

Last 4 digits of your SS#

FUNDS YOU WILL USE

Approximate combined
amount for purchase

\$ _____

Type of funds (Check all that apply and number the order of distribution.):

☐ 401(a) ☐ 457(b) ☐ 403(b) ☐ 401(k) ☐ IRA- Conduit, regular, traditional ☐ personal check

☐ Other _____
Were funds from any other source rolled into the retirement plan above? ☐ NO ☐ YES

If YES, the rollover is a:

☐ 401(a) ☐ 457(b) ☐ 403(b) ☐ 401(k) ☐ IRA- Conduit, regular, traditional

☐ Other _____

If YES, these funds were contributed while employed by: Employer _____

Dates: from ____ / ____ / ____ to ____ / ____ / ____ Type of employment: ☐ Public ☐ Private

(Attach a separate page if funds were rolled from more than one employer.)

Complete this section
only if you are using FPPA
funds held at Fidelity
and number the order of
distribution:# ____ 457(b) Defined Contribution ☐ \$ _____ OR ☐ entire balance OR ☐ remaining cost# ____ Statewide Hybrid Plan - Money Purchase Component ☐ \$ _____ OR ☐ entire balance OR ☐ remaining cost# ____ Statewide Money Purchase Plan ☐ \$ _____ OR ☐ entire balance OR ☐ remaining cost

REQUIRED SIGNATURE

By signing this form, I understand, agree, and certify:

- All information I have provided herein is true to the best of my knowledge.
- Distributions from FPPA Fidelity accounts are prorated across all source codes and investment types unless otherwise directed. If I wish my distribution to be processed differently, I will contact an FPPA Benefit Coordinator to provide direction.
- I authorize FPPA to transfer funds from the FPPA account(s) held at Fidelity as directed above and to be granted FPPA service credit for previous employment. I understand that the transfer of these funds will remove them from consideration as plan assets. I further understand that these funds will be transferred as soon as administratively possible and that they will not accrue earnings or losses during the transition.
- I also understand that my retirement funds must be depleted before any other fund source can be used and that I can transfer any amount from my retirement plan even if that transfer converts to more service credit than I previously worked. Amount transferred for private time cannot convert to more than 5 years of employment.
- It is my responsibility to request funds from Non-FPPA fund sources.

PARTICIPANT SIGNATURE ▼

DATE ▼