

## 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 ▼

## Funds Request for Purchase of Service Credit

Questions about  
completing this form?**Call ext. 6400**(303) 770-3772  
in the Denver Metro area

(303) 771-7622

fax

(800) 332-3772

toll free nationwide

**FPPA**5290 DTC Parkway  
Suite 100  
Greenwood Village,  
Colorado 80111-2721**Member Instructions:** First submit a complete *Application to Purchase Service Credit* form and supporting documentation to FPPA.Once notified of the application approval, **use this form to request funds for the purchase of service credit in one of the FPPA Defined Benefit System plans which are 401 (a) qualified.**

Complete parts A, B and C then mail the form to the plan administrator which holds the funds you will use for service credit purchase.

**Part A - MEMBER INFORMATION**

MEMBER'S LAST NAME	MEMBER'S FIRST NAME	MEMBER'S MIDDLE INITIAL	SS # (last 4 digits only) XXX-XX-
PHONE #	EMAIL		CURRENT EMPLOYER'S NAME

**Part B - TYPE OF FUNDS ACCEPTED**

Mark the box to  
indicate the type of  
funds you will use.

<input type="checkbox"/> 401(a)	<input type="checkbox"/> Governmental 457 deferred compensation
<input type="checkbox"/> 401(k)	<input type="checkbox"/> 403(b) tax-sheltered annuities
<input type="checkbox"/> 401(c) Keogh	<input type="checkbox"/> IRA - Conduit, regular, or traditional

**Part C - AMOUNT REQUESTED**

Mark one box.

☐ Entire Account Balance

☐ Specific Amount \$ \_\_\_\_\_ . \_\_\_\_\_

**Required Signature**

I authorize my plan administrator to provide the information requested and release the funds to FPPA.

MEMBER'S SIGNATURE

DATE

## PLAN PROVIDER INSTRUCTIONS

### Statement of Acceptance

The plan receiving the funds is part of the FPPA Defined Benefit System administered by the Fire and Police Pension Association of Colorado (FPPA). It operates as a defined benefit plan in accordance with Title 31, Article 31, C.R.S. (as amended).

### The plan is qualified under Section 401(a) of the Internal Revenue Code (IRC).

The types of funds FPPA can accept as a direct rollover or plan-to-plan transfer for the purchase of service credit are listed in Part B.

Depending on the status of the participant named in Part A of this form, please determine if the funds will be sent as a direct rollover, plan-to-plan transfer or distribution.

Before FPPA can accept a plan-to-plan transfer or rollover, we need verification of the qualified status of your plan (with the exception of the non-qualified 457 Deferred Compensation plan).

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 NAME OF PLAN

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 NAME OF PROVIDER

**I certify that this plan is a qualified plan under the Internal Revenue Code.**

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 SIGNATURE

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 TITLE

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 PRINT NAME

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 PHONE #

**Note: the check must indicate the amount of pre-tax and post-tax funds.**

	Pre-tax Amount	Post-tax Amount
<hr/> ____/____/____ Date of Distribution	\$ _____ . _____	\$ _____ . _____

**Return this form  
along with  
payment to:**

**Fire & Police Pension Association**  
 5290 DTC Parkway, Suite 100  
 Greenwood Village, CO 80111

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