

FPPA

Fire & Police Pension Association
 5290 DTC Parkway • Suite 100
 Greenwood Village, Colorado 80111
FPPAco.org

COLORADO STATE
Withholding Certificate for
Pension or Annuity Payments

TAX WITHHOLDING
Monthly Pension
Distributions

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

- **Instructions:** Select **ONLY ONE of the options** listed below and complete **all** of the information requested in that option.
- **Power of Attorney Information:** If you have power of attorney for an FPPA member, you must include a certified copy* of the power of attorney documents before this form can be processed. For further information contact FPPA.
 *A copy that is compared to the original document and attested to by a notary.
- **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 by one of the three ways below:**
 - By mail to FPPA at 5290 DTC Parkway • Suite 100 • Greenwood Village, Colorado 80111
 - Email to RetireePayroll@FPPAco.org
 - Fax to 303-771-7622

APPLICABLE BENEFIT ACCOUNT(S)

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

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

<input type="checkbox"/> Option A	I elect to have <u>NO</u> STATE TAXES WITHHELD.
<input type="checkbox"/> Option B	COLORADO STATE TAX <hr/> • Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single • Additional Amount (optional) \$ _____ (Dollar amount only. No percentages.)

If you are making this request as an Attorney-in-Fact under authority of a Power of Attorney, you agree that by signing this document, you make the following representation: I represent to the Fire & Police Pension Association that I am the duly appointed Attorney-in-Fact and that such appointment has not been revoked by the principal.



CSTW 12-23-21

For office use only

_____/_____/_____
 Signature of Retiree or Power of Attorney Date