

Deposit Advice Mailing Option Selection Form**Call Retiree Payroll**
ext. 6200mail:
7979 East Tufts Avenue
Suite 900
Denver, CO 80237(303) 770-3772
in the Denver Metro areaemail:
RetireePayroll@FPPAco.org(800) 332-3772
toll free nationwideor fax:
(303) 771-7622

- **Reminder:** Retirees may access all of their pension benefit information—including selecting or changing their deposit advice mailing option—by logging on to the **Member Account Portal (MAP)** at FPPAco.org
- **Form Instructions:** Fill in the information below, select one of the mailing options, then sign and return this form to FPPA. Changes to your deposit advice option may take up to 30 days to go into effect
- **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. Please contact FPPA with any questions

* A copy that is compared to the original document and attested to by a notary.

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

SELECT ONE OF THE FOLLOWING OPTIONS

- Option A Deposit Advice Mailed ONLY When Net Amount Changes - No Monthly Fee**
Deposit advices will be mailed only in the event of a change in the net benefit amount
- Option B Deposit Advice Always Mailed - \$3 Monthly Mailing Fee**
Retirees will receive a deposit advice every month, regardless of whether the benefit amount has changed. This option includes a \$3 Monthly Mailing Fee deducted from the retirees pension benefit
- Option C Deposit Advice Never Mailed - No Monthly Fee**
Retirees will not receive a deposit advice monthly regardless if there is a change in the net benefit amount or not

Changes to your Deposit Advice Mailing Option may take up to 30 days to implement. Your election above can be changed at any time by filling out a new Deposit Advice Mailing Option Selection Form or by updating your option selection on MAP.

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the Fire & Police Pension Association that I am the duly appointed Attorney-in-Fact and that such appointment has not been revoked by the principal.

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