

# Old Hire Retiree Change of Designated Beneficiary Form

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:**  
7979 East Tufts Avenue  
Suite 900  
Denver, CO 80237

**email:**  
RetireePayroll@FPPAco.org

**or fax:**  
(303) 771-7622

<b>Instructions:</b> This form should be completed by the Old Hire Department and returned to FPPA using the contact information above.	<b>Note:</b> This form supersedes all previous beneficiary designations.
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## Part A - MEMBER INFORMATION

MEMBER'S LAST NAME		MEMBER'S FIRST NAME		MEMBER'S MIDDLE INITIAL
MAILING ADDRESS		APT	HOME PHONE	
CITY	STATE	ZIP	CELL PHONE	
SSN (last 4 digits only) XXX-XX-____	DATE OF BIRTH (mo / day / year)		Male <input type="checkbox"/>	Female <input type="checkbox"/>
		Single <input type="checkbox"/>		Married <input type="checkbox"/>
EMAIL				

## Part B - SPOUSAL INFORMATION

SPOUSE'S LAST NAME	FIRST NAME	MIDDLE INITIAL	SSN (full 9 digits)
DATE OF BIRTH (mo / day / year)	PHONE	SPOUSE BY: <input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION	

Were you divorced from the former designated beneficiary on record? ..... Yes  No  Date of divorce \_\_\_\_/\_\_\_\_/\_\_\_\_

Is the former designated beneficiary on record deceased? ..... Yes  No  Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>RETIREE'S SIGNATURE</b>  X	DATE
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## Part C - DEPARTMENT CERTIFICATION

NAME OF OLD HIRE DEPARTMENT	DEPARTMENT PHONE
<b>DEPARTMENT'S AUTHORIZED SIGNATURE</b> <small>(As it appears on the Pension Authorization Form.)</small>  X	DATE
PRINTED NAME OF AUTHORIZED SIGNER	