

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

<p>Instructions: This form should be completed by the Old Hire Department and returned to FPPA at the information above.</p>	<p>Note: This form supersedes all previous beneficiary designations.</p>
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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 #	
SS # (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	SS# (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 ____/____/____

RETIREE'S SIGNATURE X	DATE
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Part C - DEPARTMENT CERTIFICATION

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