

# Volunteer Fire 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

**Instructions:**

This form should be completed by the Volunteer Fire Department and returned to FPPA at the information above.

**Note:**

- Beneficiary may be spouse only per C.R.S. 31-30-1126.
- This form supersedes all previous beneficiary designations.

## 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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