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

FEDERAL / STATE
Withholding Certificate for
Pension or Annuity Payments

Form W-4P
Monthly Pension Distributions

<table>
<thead>
<tr>
<th>LAST NAME (please print)</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
<th>SS # (last 4 digits only)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MAILING ADDRESS

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

• 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 mail at the address above / or by email to RetireePayroll@FPPAco.org / or 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 __________________________

Select Only ONE of These Options

**Option A**
I elect to have NO STATE OR FEDERAL TAXES WITHHELD.

**FEDERAL TAX**

I elect to have the following amount withheld for

FEDERAL TAX each month $_____________
(Dollar amount only. No percentages.)

**COLORADO STATE TAX**

I elect to have the following amount withheld for

COLORADO STATE TAX each month $_____________
(Dollar amount only. No percentages.)

**Option B**

I elect to have my monthly tax withholding figured using the number of allowances and the marital status shown below.

**FEDERAL TAX**

- Marital Status □ Married □ Single
- Total number of allowances ______
- Additional Amount (optional) $_____________
  (Dollar amount only. No percentages.)

**COLORADO STATE TAX**

- Marital Status □ Married □ Single
- Total number of allowances ______
- Additional Amount (optional) $_____________
  (Dollar amount only. No percentages.)

**Option C**

I elect to have

- Do not withhold.

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

For office use only

W-4P MDP 12-19