

ELECTRONIC FUNDS TRANSFER / DIRECT DEPOSIT

_____/_____/_____
Last Name (please print) First Name Middle Initial Social Security Number

Mailing Address (_____) - _____ - _____
Phone Number

City State Zip

- You may have your benefit payment deposited in up to five accounts. Use another sheet for more than two accounts.
- You must be an authorized signer on all accounts listed.
- **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.
* A copy that is compared to the original document and attested to by a notary.

Please attach a voided check for EACH account listed!

1. Bank Name _____ Account # _____
Bank Address _____ Account Routing # _____
City _____ State _____ Zip _____ Checking Savings
Bank Phone (_____) - _____ - _____ Deposit the Full Amount
OR
Amount to Deposit \$ _____

2. Bank Name _____ Account # _____
Bank Address _____ Account Routing # _____
City _____ State _____ Zip _____ Checking Savings
Bank Phone (_____) - _____ - _____ Amount to Deposit \$ _____

I hereby authorize the FPPA to automatically deposit my pension payment into the account(s) listed. I understand that my benefit payment will be credited to my account(s) on the 21st of each month. If that date occurs on a weekend or holiday, my account will then be credited on the preceding business day. FPPA will mail me a "deposit advice" verifying my deposit(s).

Signature of Pensioner or Legal Representative _____/_____/_____
Date

FPPA

Fire & Police Pension Association
5290 DTC Parkway, Suite 100
Greenwood Village, Colorado 80111
(303) 770-3772 or (800) 332-3772
fax (303) 771-7622

FEDERAL / STATE Withholding Certificate for Pension or Annuity Payments

Form W-4P Monthly Pension Distributions

▲ Type or print your full name

▲ Your social security number

▲ Address

▲ Area code and telephone number

▲ City or town, state, and ZIP code

DIRECTIONS

Please select **ONLY ONE** of the options listed below.

Please complete all of the information requested for the option you select.

OPTION A

I elect to have **NO TAXES WITHHELD.**

Check here

OPTION B

I elect to have the following amount withheld for
FEDERAL TAX each month \$ _____

(Please enter a dollar amount above. Percentage figures cannot be accepted.)

I elect to have the following amount withheld for
COLORADO STATE TAX each month \$ _____

(Please enter a dollar amount above. Percentage figures cannot be accepted.)

OPTION C

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

• Marital Status: Married Single

• Total number of allowances claimed _____

• **Withhold for:**

FEDERAL TAX only

COLORADO STATE TAX only

Both FEDERAL and COLORADO STATE TAX

For office use only

Signature of Pensioner or Legal Representative

_____/_____/_____
Date