



Application Packet Cover Sheet

Fire & Police Pension Association of Colorado

FPPAco.org • 5290 DTC Parkway, Suite 100 • Greenwood Village, Colorado 80111-2721
(303) 770-3772 in the Denver Metro area • (800) 332-3772 toll free nationwide • (303) 771-7622 fax

<i>For Members Of The</i>	Statewide Defined Benefit Plan						
<i>Application</i>	Retirement Application						
<i>Applying For</i>	Normal, Vested or Early Retirement NOT entering DROP						
	<p>This Packet Applies To: Members ready to retire and are applying for one of the retirements listed below.</p> <ul style="list-style-type: none"> • Normal Retirement (having at least 25 years of combined service and are age 55) • Vested Retirement (having at least 5 years of service and an expected retirement benefit date beginning at age 55) • Early Retirement (having at least 30 years of service or are age 50) • Deferred Retirement (Members who qualify for a Normal or Vested Retirement, may defer the receipt of their Defined Benefit Pension to as late as age 65 and receive the actuarial equivalent of the benefit.) <p>Please Remember:</p> <ul style="list-style-type: none"> • Have your signature notarized. • Have the employer section completed. • Submit the appropriate supporting documentation with your application. <p>Questions? Contact an FPPA Retirement Coordinator at the phone numbers listed above.</p> <p>Send all completed forms to: FPPA Retirement Coordinator at the address listed above.</p> <p><i>Please make copies for your files of the forms you fill out prior to submitting them to FPPA.</i></p>						
Forms & Publications	<p>In this application packet you will find the following forms and information needed to process your application. <i>Check the box to the LEFT as you complete each of the forms.</i></p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: right;"># of Pages</th> </tr> </thead> <tbody> <tr> <td>Instruction Memo</td> <td style="text-align: right;">1</td> </tr> <tr> <td><input type="checkbox"/> FPPA Defined Benefit System Retirement Application (For Retirement - NOT entering DROP)</td> <td style="text-align: right;">4</td> </tr> </tbody> </table>		# of Pages	Instruction Memo	1	<input type="checkbox"/> FPPA Defined Benefit System Retirement Application (For Retirement - NOT entering DROP)	4
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Instructions Memo

If you are a member of the Statewide Defined Benefit Plan and have completed:

- at least 25 years of service and are at least age 55, you are eligible to apply for a **Normal Retirement**;
- at least 5 years of service upon leaving the job, you are eligible to apply for a **Vested Retirement** which will be payable at age 55; or
- at least 30 years of service in the plan upon leaving the job or if you have reached age 50 you are eligible to apply for an **Early Retirement**.

The retirement calculation is explained in the *Statewide Defined Benefit Plan Brochure* found under *Publications* on the FPPA website. The Early Retirement calculation is also explained in the brochure.

To apply for retirement benefits, please follow the instructions below.

Forms To Be Used

FPPA Defined Benefit System Retirement Application.

This form is to be completed and signed by both you and your employer. You will need to complete Parts A, B and D; your signature must be notarized. (Please disregard Part C, as this only applies to those electing to enter the DROP.) The employer will need to complete Part E and have it notarized.

The Process

1. The completed *Retirement Application* and supporting documentation must be submitted to FPPA. **Please include a copy of your birth certificate and if applicable, your spouse's birth certificate and your dependent children's birth certificates. Include a copy of a court order or current marriage certificate or drivers license to verify any name change.**
2. Upon receipt of the completed application, FPPA will confirm applicable employment information and calculate the retirement. **Please note: benefits will be calculated at the time of retirement based on current contribution information in the FPPA records. FPPA will recalculate the benefit once final contributions are received from the employer and will make any necessary adjustments.**
3. Once the application is approved, FPPA will mail you and your employer written notice. We will also send you a *FPPA Defined Benefit System Payment Option Selection* form. You must return this form to FPPA before benefit payments can begin. If your *Payment Option Selection* form is not received by FPPA within 90 days, it will be deemed that you elected a deferral retirement.
4. When we receive your *FPPA Defined Benefit System Retirement Payment Option Selection* form, we will send you the following items:
 - *Retirement Summary*
 - *Separate Retirement Account (SRA) Distribution Payment Option Selection* form. If you wish to begin distribution of your SRA at that time, you will complete the form and return it to FPPA.
 - Information with regard to distribution of your money purchase component.
 - If you have an FPPA Deferred Compensation (457), we will also send information with regard to distribution.

Please Note: due to the timing of pension contributions, application processing and FPPA's monthly payroll deadline, the first pension payment will be transmitted approximately 30 – 60 days after the actual retirement date. The first payment will be retroactive to the retirement date.

Normal and Early Retirement benefits are payable immediately. However Vested Retirement benefits are payable at age 55. If you are not yet age 55, approximately 60 days prior to your 55th birthday you will need to complete the final forms for the payment of your benefit. For this reason, we ask that you keep FPPA informed of your address and phone number at all times. (Address changes must be submitted in writing with your signature.) If you are age 55 or older, benefits are payable the day after your last day on the payroll.

FPPA DEFINED BENEFIT SYSTEM RETIREMENT APPLICATION

Dear Applicant,

Use this form to apply for any retirement under the Statewide Defined Benefit (SWDB) Plan or the Statewide Hybrid (SWH) Plan Defined Benefit Component. For an explanation of the different types of retirement benefits please refer to our website at www.FPPAco.org. If you have any questions, please contact a Retirement Coordinator at (303) 770-3772 or toll free at (800) 332-3772.

Completing the Retirement Application Process:

• Please complete this *Retirement Application* at the time of retirement, or if participating in the Deferred Retirement Option Plan (DROP), at the time of electing to participate in DROP.

- Parts A, B, & D • to be completed by the applicant
- Part D • this section requires the signature of the applicant to be notarized
- Part E • to be completed and signed by the applicant's employer and then notarized

• You will need to provide the following supporting documentation with this application:

- a copy of your driver's license,
- a copy of your birth certificate,
- a copy of your beneficiary's birth certificate,
- a copy of a court order or a current marriage certificate or drivers license to verify any name change for the applicant or beneficiary.

- Upon receipt of your completed application, FPPA will confirm applicable employment information and, if your retirement is payable immediately, calculate your benefit payment options. (If your retirement is not payable immediately, the benefit options will be calculated approximately 60 days before your payment start date.) The benefit options form will be sent to you for your election.
- The information from this application will be presented for FPPA approval.
- Your retirement benefit will initially be paid based on a preliminary calculation. The final calculation and any adjustments will be made approximately 90 days following your retirement. This process is used to help ensure that final contributions have been received by FPPA.
- If you are using this application to enter the Deferred Retirement Option Plan (DROP), you must complete the *FPPA Defined Benefit System Termination of DROP Participation* form when you terminate employment.
- If you are a member of the Statewide Defined Benefit Plan, the funds in your SRA, if applicable will be available to you after you terminate employment and FPPA has approved your retirement benefit.
- If you are a member of the Statewide Hybrid Plan, the funds in your Money Purchase Component can be accessed by contacting Fidelity Investments at (800) 343-0860.

PART A - GENERAL APPLICANT INFORMATION

To be completed by the EMPLOYEE. Please print legibly.

Applicant's Last Name _____		First Name _____	Middle Initial _____
Mailing Address _____		Apt. # _____	(_____) - ____ - _____ Home Phone Number
City _____	State _____	Zip _____	(_____) - ____ - _____ Work Phone Number
_____/_____/_____	_____/_____/_____		(_____) - ____ - _____ Cell Phone Number
Social Security Number		Date of Birth (mo/day/yr)	
Email Address _____			

PART B - EMPLOYMENT INFORMATION

To be completed by the EMPLOYEE. Please print legibly. Name of all Colorado municipalities or special districts where you have been employed as a full-time FPPA Member and covered under the Statewide Defined Benefit Plan or the Statewide Hybrid Plan:

Name	Dates (from / to)
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____

Type of Retirement Applying for:

Normal Retirement - At least 25 years of service and age 55.

- Not Entering DROP
- Entering DROP

Vested Retirement - At least 5 years of service.

- Not entering DROP - Retiring at any age with pension benefits payable at age 55.
- Entering DROP - At least age 55.

Early Retirement - At least 30 years of service or age 50.

- Not entering DROP
- Entering DROP

- Deferred Retirement** - Eligible for Normal Retirement or vested and age 55 but elect to defer receipt of pension up to age 65.

Purchase of a Lifetime Monthly Benefit Option

You may use all or a portion of your Statewide Defined Benefit Plan Separate Retirement Account (SRA), Statewide Hybrid Plan - Money Purchase Component and/or DROP account to purchase a lifetime monthly benefit. By marking the appropriate box below you are requesting that FPPA calculate your retirement benefit with and without the purchase of a monthly benefit. **Marking the boxes on this application only indicates that you would like an estimate prepared. It is not an irrevocable election.** Once your retirement application is approved, payment option selection forms will be sent to you. One will contain benefits with the purchase of a monthly benefit and one will contain pension benefits only. **At that time, you will make an irrevocable election.** If you are entering DROP, the choice to purchase a lifetime benefit may be discussed when you exit DROP. Please contact FPPA if you would like to discuss this option.

I would like an estimate prepared to purchase a lifetime benefit option using my:

Check any squares (below left) that apply and then how much of that plan you wish to consider to purchase a lifetime monthly benefit.

- Statewide Defined Benefit Plan SRA - select either: entire account - or - dollar amount of \$ _____
- Statewide Hybrid - Money Purchase Component - select either: entire account - or - dollar amount of \$ _____
- DROP - select either: entire account - or - dollar amount of \$ _____
- I do NOT want to purchase a lifetime benefit.

I understand that if I am considering reemployment with a Defined Benefit System employer, it is my responsibility to notify FPPA prior to returning to work as receipt of my benefit and/or SRA may be impacted.

Applicant's Full Legal Signature	_____ / _____ / _____
	Date

PART C - DROP ACCOUNT INFORMATION

If you elect to enter the DROP, please be aware that it is your responsibility to direct the investment of contributions to your account. Fidelity Investments® is FPPA's recordkeeper and provides investment options for the DROP Plan. Once you have entered the DROP, you may contact Fidelity at 1(800) 343-0860 for an investment kit. The investment kit is designed to help you determine an investment strategy that might be right for you. The DROP plan allows you to choose from a wide variety of investment options offered through Fidelity Investments. Once you have a chance to review your investment options, call Fidelity at (800) 343-0860 to establish your investment elections. Until investment elections are provided to Fidelity, contributions to your account will be invested in the Fidelity Income Fund® (the default fund selected by FPPA). The assets in your DROP account will be valued at the close of every business day, enabling you to get updated balances daily.

In addition to directing the investment of your contributions, it is very important to contact Fidelity to designate a beneficiary for your DROP account. You may call the number above or designate your beneficiary online at www.fidelity.com/atwork.

PART D - DESIGNATED BENEFICIARY FOR FPPA DEFINED BENEFIT SYSTEM

To be completed by the EMPLOYEE. Please print legibly.

A beneficiary must be named for FPPA to calculate your retirement benefit survivor options. After a benefit option has been selected and the first pension payment has been deposited or otherwise negotiated, you may only change your beneficiary for your defined benefit pension in the event of a change in your marital status or the death of your named beneficiary. In the event of a change in beneficiary the pension benefits payable will be recalculated according to your life expectancy and that of your newly named beneficiary.

NOTE: If you have combined service in both the Statewide Defined Benefit Plan and the Statewide Hybrid Plan please note your beneficiary for each Plan, even if it is the same person. Please contact Fidelity to designate a beneficiary for your DROP account if applicable.

STATEWIDE DEFINED BENEFIT PLAN BENEFICIARY

Beneficiary's Last Name	First Name	Middle Initial
Mailing Address	Apt. #	(____) - ____ - ____ Home Phone Number
City	State	(____) - ____ - ____ Work Phone Number
____/____/____ Social Security Number	____/____/____ Date of Birth (mo/day/yr)	<input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship of Beneficiary to Applicant _____		
Applicant's Full Legal Signature	_____/_____/_____ Date	

STATEWIDE HYBRID PLAN BENEFICIARY

Beneficiary's Last Name	First Name	Middle Initial
Mailing Address	Apt. #	(____) - ____ - ____ Home Phone Number
City	State	(____) - ____ - ____ Work Phone Number
____/____/____ Social Security Number	____/____/____ Date of Birth (mo/day/yr)	<input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship of Beneficiary to Applicant _____		
Applicant's Full Legal Signature	_____/_____/_____ Date	

REQUIRED SIGNATURE NOTARIZATION

STATE OF _____ }
 COUNTY OF _____ } ss

Subscribed and sworn to before me this _____ day of _____, year of _____.

Witness my hand and official seal.

My commission expires: _____ / _____ / _____ .

 Notary Public Signature
 SEAL

PART E - EMPLOYER'S SECTION

To be completed by each EMPLOYER that covered you under the FPPA Defined Benefit System (make copies of this section if necessary).

Employee's Name _____ Social Security # _____ / _____ / _____

Employee's Rank _____ Employee's Date of Hire (mo/day/yr) _____ / _____ / _____ (as an FPPA Member)

Employee's Last Day On the Payroll (for when pension contributions were deducted _____ / _____ / _____

NOTE: This is usually the last day on the job, however, this may be a projected date.

If applicable, calculate the date by adding the number of accrued vacation days to the last day on the job.

Has the employee incurred an unpaid break in service? yes no

If yes, from what dates? _____ / _____ / _____ to _____ / _____ / _____

Has the employee applied for disability benefits through FPPA? yes no

Employee's Last Contribution Deducted from Pay Period _____ / _____ / _____ to _____ / _____ / _____

The Amount of the Last Contribution Deducted from Employee's Salary \$ _____

Effective Date of Retirement (if not entering DROP) _____ / _____ / _____

NOTE: The effective date of retirement is the day after the last day on the payroll, or in the case of the vested retirement, it is the day the employee attains the age of 55.

Date entering DROP (if applicable)..... _____ / _____ / _____

I certify that the above information is correct to the best of my knowledge.

Name of Authorized Employer Representative (please print) _____ Title _____ Date _____ / _____ / _____

Signature of Authorized Employer Representative _____ City / Town / Special District _____

Mailing Address _____ (_____) - _____ - _____ Phone Number _____

City _____ State _____ Zip _____

REQUIRED SIGNATURE NOTARIZATION

STATE OF _____ } COUNTY OF _____ } ss

Subscribed and sworn to before me this _____ day of _____, year of _____.

Witness my hand and official seal. My commission expires: _____ / _____ / _____.

Notary Public Signature _____ SEAL