



## ELECTRONIC FUNDS TRANSFER / DIRECT DEPOSIT

\_\_\_\_\_  
Last Name (please print)      \_\_\_\_\_  
First Name      \_\_\_\_\_  
Middle Initial      \_\_\_\_\_  
Social Security Number (last 4 digits)      XXX-XX-

\_\_\_\_\_  
Mailing Address      \_\_\_\_\_  
Email Address

\_\_\_\_\_  
City      \_\_\_\_\_  
State      \_\_\_\_\_  
Zip      \_\_\_\_\_  
Phone Number      (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

### Direct Deposit Bank Information

- 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 or deposit slip for EACH account listed.

1. Bank Name \_\_\_\_\_ Checking  - OR - Savings   
Account # \_\_\_\_\_ Account Routing # \_\_\_\_\_  
Deposit the Full Amount  - OR - Amount to Deposit \$ \_\_\_\_\_

2. Bank Name \_\_\_\_\_ Checking  - OR - Savings   
Account # \_\_\_\_\_ Account Routing # \_\_\_\_\_  
Deposit the Full Amount  - OR - Amount to Deposit \$ \_\_\_\_\_

### Deposit Advice Mailing Options

When selecting your mailing option, please remember retirees may access all of their pension benefit information including deposit advices 24 hrs a day / 7 days a week by logging on to the Member Account Portal (MAP) located on the FPPA web site at www.FPPAco.org. Your option election may be changed at any time (by form or on MAP).

- Option A Deposit Advice Mailed ONLY When Net Amount Changes** - No Monthly Fee Charged  
Deposit advices will be mailed only in the event of a change in the net benefit amount.
- Option B Deposit Advice Mailed Monthly** - \$3.00 Monthly Mailing Fee Charged  
Retirees will be mailed a deposit advice and have a \$3.00 Monthly Mailing Fee deducted from their pension benefit amount every month regardless if there is a change in the net benefit amount or not.
- Option C Deposit Advice Never Mailed** - No Monthly Fee Charged  
Retirees will not receive a deposit advice monthly regardless if there is a change in the net benefit or not.

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.

\_\_\_\_\_  
Signature of Retiree or Legal Representative      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date

**FPPA**

Fire & Police Pension Association  
 5290 DTC Parkway  
 Greenwood Village, Colorado 80111  
 (303) 770-3772 or toll free (800) 332-3772  
 www.FPPAco.org

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 STATE OR FEDERAL TAXES WITHHELD.**

**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.

**FEDERAL TAX**

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

**Do not withhold.**

**COLORADO STATE TAX**

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

**Do not withhold.**

For office use only

\_\_\_\_\_  
 Signature of Pensioner or Legal Representative

\_\_\_\_\_  
 Date