

Alternative Payee,

As the alternate payee of an approved DRO (Domestic Relations Order) for the Division of Pension Benefits for any of the FPPA Retirement Plans, it is very important to keep FPPA updated with your current contact information. This information is confidential and will not be shared outside of FPPA.

Complete the attached *Confidential Contact Form* and return back to FPPA at your earliest convenience. FPPA will contact you as soon as we receive notice that the member is leaving or retiring. Keeping us informed will help to ensure benefits can be paid in a timely manner. Without this information benefits can be delayed. Email addresses typically are the quickest form of communication when benefits become payable.

Keep FPPA informed of any changes to your address, phone number or email so we are able to contact you.

Questions?

Contact an **FPPA Retirement Coordinator** at **(800) 332-3772** or **(303) 770-3772**.

Sincerely,

Fire & Police Pension Association

Alternate Payee of any FPPA Retirement Plan

Confidential Contact Form

Questions about
completing this form?
(303) 770-3772
in the Denver Metro area
(800) 332-3772
toll free nationwide

Return completed form to:
FPPA
5290 DTC Parkway
Suite 100
Greenwood Village,
Colorado 80111-2721
Or FAX form to:
(303) 771-7622

As the alternate payee of an approved DRO (Domestic Relations Order) for the Division of Pension Benefits for any of the FPPA Retirement Plans, it is imperative to keep FPPA updated with your most current contact information. The information is confidential and will not be shared outside of FPPA. This is necessary to help ensure benefits can be paid in a timely manner now or in the future. Without this information, benefits may be delayed.

Email addresses are typically the quickest form of communication when benefits become payable. FPPA will contact you when we receive notice that the member is retiring and leaving their employer.

PAYEE INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL
MAILING ADDRESS		APT #	BEST CONTACT PHONE #	
CITY	STATE	ZIP	SS # (last 4 digits only) XXX-XX-	
EMAIL - <i>This is the quickest form of communication when benefits become payable.</i>				

ALTERNATE CONTACT IF FPPA IS UNABLE TO REACH YOU

LAST NAME		FIRST NAME		MIDDLE INITIAL
ADDRESS		APT #	BEST CONTACT PHONE #	
CITY	STATE	ZIP	EMAIL	

PAYEE SIGNATURE

SIGNATURE

DATE