

**FPPA**

Fire & Police Pension Association  
 7979 East Tufts Avenue • Suite 900  
 Denver, Colorado 80237  
**FPPAco.org**

**COLORADO STATE  
 Withholding Certificate for  
 Pension or Annuity Payments**

**TAX WITHHOLDING  
 Monthly Pension  
 Distributions**

LAST NAME (please print)		FIRST NAME	MIDDLE INITIAL	SS # (last 4 digits only) XXX-XX-
MAILING ADDRESS			EMAIL ADDRESS	
CITY	STATE	ZIP	PHONE	

- **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 one of the three ways below:**
  - By mail to FPPA at 7979 East Tufts Avenue • Suite 900 • Denver, Colorado 80237
  - Email to RetireePayroll@FPPAco.org
  - 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 \_\_\_\_\_

<input type="checkbox"/> <b>Option A</b>	I elect to have <b><u>NO STATE TAXES WITHHELD.</u></b>
<input type="checkbox"/> <b>Option B</b>	<b>COLORADO STATE TAX</b> <hr/> • Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single • Additional Amount (optional) \$ _____ (Dollar amount only. No percentages.)

*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the Fire & Police Pension Association that I am the duly appointed Attorney-in-Fact and that such appointment has not been revoked by the principal.*



CSTW 6-15-22

**For office use only**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature of Retiree or Power of Attorney                      Date