Fire & Police Pension Association
7979 East Tufts Avenue, Suite 900
Denver, CO 80237
(303) 770-3772 • toll free (800) 332-3772
FPPAco.org

FPPA DEFINED BENEFIT SYSTEM
TERMINATION OF DROP PARTICIPATION

_____ _____ _____ _____ - _____ - _____
Last Name *First* *M.I.* *Home Phone*

_____ _____
Mailing Address *Email Address*

_____ _____ _____
City *State* *Zip*

_____ - _____ - _____ _____
Social Security Number *City / Department*

Signatures required on page 2.

OPTION TO PURCHASE A MONTHLY LIFETIME BENEFIT

You may use all or a portion of the accounts listed below to purchase an additional benefit to increase your benefit amount.

Marking the boxes on this application only indicates that you would like an estimate prepared. It is not an irrevocable election. Once the conversion is calculated, an agreement will be sent to you for review.

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

Check all boxes that apply and then indicate how much of your account balance you wish to include in the estimate.

☐ **Statewide Retirement Plan: Money Purchase Component Account** select either:
◯ entire account - or - ◯ dollar amount of $ _____

☐ **DROP Account** select either: ◯ entire account - or - ◯ dollar amount of $ _____

☐ **I do NOT want an estimate prepared for the purchase of a lifetime benefit.**

TERMINATION OF DROP PARTICIPATION STATEMENT

I, _____, hereby terminate my participation in the Statewide Retirement Plan Deferred Retirement Option Plan (DROP) on _____/_____/_____ (last day in DROP).

! It is VERY IMPORTANT to seek qualified tax advice from your tax advisor and/or financial planner before completing distribution and tax forms.

- Monthly pension benefit payments will begin the month following the month you terminate DROP. For example, if you terminate DROP in January, your first monthly benefit payment will deposit in February. The amount you will receive was determined as of the date you elected to enter the DROP and is based on your pension benefit and the payment option you selected
- Your monthly pension benefit and distributions from your DROP and Money Purchase accounts, if applicable, will be paid separately unless you elect to purchase a monthly lifetime benefit
- If you have questions please call FPPA at (303) 770-3772 in the Denver Metro area or (800) 332-3772 toll free statewide

SIGNATURES OF PARTICIPANT & EMPLOYER

_____ _____/_____/_____

Participant's Signature *Date*

_____ _____ _____/_____/_____

Employer's Signature *Title* *Date*