

Volunteer Fire Retiree Change of Designated Beneficiary Form

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

mail:
 7979 East Tufts Avenue
 Suite 900
 Denver, CO 80237

email:
 RetireePayroll@FPPAco.org

or fax:
 (303) 771-7622

Instructions:

This form should be completed by the Volunteer Fire Department and returned to FPPA using the contact information above.

Note:

- Beneficiary may be spouse only per C.R.S. 31-30-1126
- This form supersedes all previous beneficiary designations

Part A - MEMBER INFORMATION

MEMBER'S LAST NAME		MEMBER'S FIRST NAME		MEMBER'S MIDDLE INITIAL
MAILING ADDRESS		APT	HOME PHONE	
CITY	STATE	ZIP	CELL PHONE	
SSN (last 4 digits only) XXX-XX-____	DATE OF BIRTH (mo / day / year)		Male <input type="checkbox"/>	Female <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/>
EMAIL				

Part B - SPOUSAL INFORMATION

SPOUSE'S LAST NAME	FIRST NAME	MIDDLE INITIAL	SSN (full 9 digits)
DATE OF BIRTH (mo / day / year)	PHONE	SPOUSE BY: <input type="checkbox"/> MARRIAGE <input type="checkbox"/> CIVIL UNION	

Were you divorced from the former designated beneficiary on record? Yes No Date of divorce ____ / ____ / ____

Is the former designated beneficiary on record deceased? Yes No Date of death ____ / ____ / ____

RETIREE'S SIGNATURE X	DATE
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Part C - DEPARTMENT CERTIFICATION

NAME OF VOLUNTEER FIRE DEPARTMENT	DEPARTMENT PHONE
DEPARTMENT'S AUTHORIZED SIGNATURE <i>(As it appears on the Pension Authorization Form.)</i> X	DATE
PRINTED NAME OF AUTHORIZED SIGNER	