

Old Hire 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 Old Hire Department and returned to FPPA using the contact information above.	Note: This form supersedes all previous beneficiary designations.
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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 OLD HIRE DEPARTMENT	DEPARTMENT PHONE
DEPARTMENT'S AUTHORIZED SIGNATURE <small>(As it appears on the Pension Authorization Form.)</small> X	DATE
PRINTED NAME OF AUTHORIZED SIGNER	