FPPA | Fire & Police Pension Association of Colorado

Change of Address Form

Questions about completing this form?

Call Retiree Payroll:
ext. 6200

In the Denver Metro area:
(303) 770-3772

Toll-free Nationwide:
(800) 332-3772

FPPA Address:
7979 East Tufts Avenue,
Suite 900
Denver, CO 80237

Email:
RetireePayroll@FPPAco.org

Fax:
(303) 771-7622

This form must be filled out completely and signed below.

Power of Attorney Information: If you have a power of attorney for an FPPA member, you must include a copy of the power of attorney (if not already on file) and a state-issued driver's license or ID or a US passport (if one is not already on file) before this form can be processed. Please contact FPPA with any questions.

Check **ONLY ONE** of the boxes on the right to indicate your current membership status. **Effective Date of Change:**	☐ **Active Member** Once completed, submit this form to your employer. **Your employer will make the address change through the FPPA payroll reporting system.**	☐ **Retired Member** After completing this form, please mail it to **FPPA** at the address above.	☐ **Beneficiary** After completing this form, please mail it to **FPPA** at the address above.	☐ **Alternate Payee** After completing this form, please mail it to **FPPA** at the address above.

MEMBER INFORMATION

LAST NAME (Please print)	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY # (last four digits only) **XXX-XX-**

PREVIOUS Phone / Email / Address Information

PREVIOUS MAILING ADDRESS		APT. #	PREVIOUS HOME PHONE NUMBER
CITY	STATE	ZIP CODE	PREVIOUS WORK PHONE NUMBER
PREVIOUS EMAIL			PREVIOUS CELL PHONE NUMBER
			PREVIOUS FAX NUMBER

NEW Phone / Email / Address Information

NEW MAILING ADDRESS		APT. #	NEW HOME PHONE NUMBER
CITY	STATE	ZIP CODE	NEW WORK PHONE NUMBER
NEW EMAIL			NEW CELL PHONE NUMBER
			NEW FAX NUMBER

SIGNATURE CERTIFICATION

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the Fire & Police Pension Association that I am the duly appointed Attorney-in-Fact and that such appointment has not been revoked by the principal.

_____ _____

Signature of Member or Power of Attorney *Date*