



Denver Employees Retirement Plan
 777 Pearl Street
 Denver, Colorado 80203
 Ph. - 303/839-5419
 Fax - 303/839-9525
www.derp.org
mbrsvs@derp.org

BENEFICIARY DESIGNATION for Retired Members

Print name: _____ **DERP ID #:** _____

Email Address: _____

I, the undersigned retiree, hereby change my designated beneficiary with Denver Employees Retirement Plan as provided by Ordinance and the rules and regulations of the Retirement Board. I understand that as a retired member I cannot change my beneficiary in order for that person to receive a continued benefit after my death, but that the newly named beneficiary will only be entitled to payment of any residual benefit, if any, which is payable upon or after my death.

Please select which benefit applies:

- Lump Sum Death Benefit** **Potential Outstanding Payments**

Beneficiary changed from:

Name: _____

Relationship: _____

Beneficiary changed to: *(the beneficiary may be an individual person or the member's estate, a trust, a charity, etc.):*

Name: _____	Date of Birth: _____	Relationship: _____
Address: _____	Social Security Number: _____	
	Gender: M / F	%: _____

Name: _____	Date of Birth: _____	Relationship: _____
Address: _____	Social Security Number: _____	
	Gender: M / F	%: _____

Please attach any other Beneficiary designations to this form.

Member signature: _____ **Date signed:** _____

Social Security Number: _____

This form must be notarized.

State of _____)
 City of _____)
 County of _____)

The foregoing instrument was signed and acknowledged before me this _____ day of _____, _____.

WITNESS my hand and official seal.

Notary Public

My commission expires _____