



Denver Employees Retirement Plan  
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## 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.):*

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

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

*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 \_\_\_\_\_