



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

RELEASE AUTHORIZATION FOR A DOMESTIC RELATIONS ORDER

PLEASE PRINT OR TYPE

DERP ID: _____

Employee ID: _____

I, _____, a member of the Denver Employees Retirement Plan (the Plan) hereby authorize the Plan to release the information, as specified below, to:

Name of Individual or Entity: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

I understand that the execution of this form does not authorize the release of information other than that specifically chosen below.

Information Requested: *(please check all that apply)*

- Member's retirement benefit estimate earned during the period of marriage
- Member's current beneficiary information (includes DROP and DROP II)
- Member's current DROP or DROP II balance

Purpose(s) or need(s) for which information is to be used: *(please check all that apply)*

- Determination of marital property interest
- Other (please specify): _____

Member's Name: _____

Member's Social Security Number: _____

Member's Date of Birth: _____

Spouse's Name: _____

Spouse's Social Security Number: _____

Spouse's Date of Birth: _____

Date of Marriage: _____

Expected or Actual Date of Divorce: _____

I certify that this request has been made voluntarily and that the information above is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken in which to comply. I understand revocation of this authorization must be made in writing, in the presence of a Notary Public. A copy of this authorization may be utilized with the same effectiveness as the original. I hereby release and discharge the Plan from any liability for complying with this authorization to release information.

Member's Printed Name: _____

Member's Current Mailing Address: _____

Member's Primary Telephone Number: _____

Member's Primary Email Address: _____

Signature: _____ **Date:** _____

(THIS FORM MUST BE NOTARIZED)

State of _____)

City of _____) ss.

County of _____)

The forgoing instrument was signed and acknowledged before me this _____ day of _____, 20____.

WITNESS my hand and official seal.

Notary Public

My commission expires: _____