



Denver Employees Retirement Plan
 777 Pearl Street
 Denver, Colorado 80203
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www.derp.org
mbrsvs@derp.org

Employee Contribution Refund Form

Name: _____

DERP ID: _____

Social Security Number: _____

City ID: _____

Home Address: _____

Street Address, City, State, Zip Code

Telephone Number: _____

Email Address: _____

I am an inactive and non-vested member of Denver Employees Retirement Plan (DERP) and:

- I elect to leave my contributions on deposit with DERP. I understand that the contributions earn interest each June 30 and that I may request a refund of the contributions, plus interest, if applicable, at any time by completing a new, notarized, form.
- I elect to take my employee contributions as a lump sum. I understand that there is a mandatory 20% federal tax withholding and that there may be a 10% penalty for early withdrawal, if I am under age 59 ½.
- I elect to rollover my employee contributions into a qualified retirement account at the financial institution noted below:

_____ I certify that this is a qualified plan **and not a Roth IRA.**
 (Initial here)

 Name of Institution or Legal Name of Qualified Plan

 Street Address, City, State, Zip Code

 Account Number

Note: You are responsible for fulfilling all rules and requirements to complete a rollover. Some institutions require additional documentation to accept a rollover, please confirm with your institution. You or your institution may be contacted if additional information is required.

I acknowledge that by taking a refund I forfeit my credited service which can be purchased upon my re-employment with an employer covered by DERP. I also understand that my refund/rollover cannot be processed until approximately 60 days after my separation date. If my request occurs after this time frame, I understand it will take two weeks to process.

Signature: _____ Date signed _____

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 _____