

DEFERRED RETIREMENT OPTION PLAN PAPER STATEMENT

Name: _____ DERP ID #: _____
First Name, Middle Initial, Last Name

Address: _____ Phone Number: _____
Address, City, State, Zip Code

Email Address: _____

I am a member of the Denver Employees Retirement Plan (DERP) and have a DROP account. The DERP staff has advised me of the \$5 statement fee that will be assessed if I request to receive a paper DROP statement. I understand that the \$5 statement fee will be assessed for each paper DROP statement DERP prints for me and that the statement fee will be automatically deducted from my DROP account balance.

I agree to be charged a statement fee and request that DERP print the following DROP statements:
(Indicate below what statement year you want printed [e.g. 2011, 2012, etc])

Member Signature: _____ Date signed: _____