

DOMESTIC RELATIONS ORDER BENEFIT APPLICATION

Name	DERP ID #:		
Name: (First Name, Middle Initial, Last)			
Date of Birth:	Gender: M / F	Social Security Number:	
Effective Date of DRO Benefit:			
Residence Address:			
(Street Address, C	ity, State, Zip Code)		
Mailing Address:			
(Street Address, City,	State, Zip Code)		
Telephone Number: Home:		Alternate:	
-	de, Number)	(Area Code, Number)	
(Area Coo	le, Number)	(Area Code, Number)	
-	le, Number)	(Area Code, Number)	

I am the former spouse of ______, a member of the Denver Employees Retirement Plan, and elect to receive the benefit agreed upon through the approved Domestic Relations Order according to the Revised Municipal Code of the City and County of Denver, which was executed by the parties in conjunction with the dissolution of marriage.

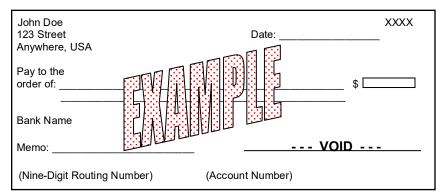
(Check One Option Below)

- □ I elect to have this benefit paid until the death of the member. I understand that if I should pass away prior to the member, there will not be an ongoing monthly payment made to my estate or heirs.
- □ I elect the extended payment option. This option provides an actuarially reduced monthly payment to provide me a lifetime monthly payment that does not stop upon the death of the member, but will continue until my death.

DERP ID:

Benefit Distribution – Direct Deposit is Required

(Attach a voided check below or a letter from the banking institution that verifies the correct routing and account numbers.)



By signing this application, I authorize the Denver Employees Retirement Plan (DERP) to automatically deposit my payments to my account as indicated. I further authorize DERP, if necessary, to make adjustments to the account indicated to correct any credit entries made in error. I understand that DERP will make a reasonable effort to notify me when an adjustment is made.

FEDERAL TAX WITHHOLDING ELECTION*

DO NOT WITHHOLD FEDERAL INCOME TAX.
WITHHOLD FEDERAL INCOME TAX BASED ON THE TAX TABLES FOR: A MARRIED INDIVIDUAL (OPTIONAL) PLUS \$ A SINGLE INDIVIDUAL (OPTIONAL) PLUS \$
FIXED FEDERAL TAX AMOUNT WITHHELD: I ELECT TO HAVE \$WITHHELD FROM EACH BENEFIT PAYMENT I ELECT TO HAVE% WITHHELD FROM EACH BENEFIT PAYMENT

COLORADO STATE TAX WITHHOLDING ELECTION*

DO NOT WITHHOLD COLORADO STATE TAX.
WITHHOLD COLORADO INCOME TAX BASED ON THE TAX TABLES FOR: A MARRIED INDIVIDUAL (OPTIONAL) PLUS \$ A SINGLE INDIVIDUAL (OPTIONAL) PLUS \$
FIXED COLORADO STATE TAX AMOUNT WITHHELD: I ELECT TO HAVE \$WITHHELD FROM EACH BENEFIT PAYMENT I ELECT TO HAVE% WITHHELD FROM EACH BENEFIT PAYMENT

*You should seek legal and tax advice before completing this form

Signature:	Date:	
(THIS FC	ORM MUST BE NOTARIZED)	
State of)		
City of) ss.		
County of)		
The forgoing instrument was signed and acknowledged be	fore me this day of	., 20
WITNESS my hand and official seal.		
	Not	ary Public
My commission expires:		Page 2 of 2 Domestic Relations Order Benefit Application