

## DOMESTIC RELATIONS ORDER BENEFIT APPLICATION

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**PLEASE PRINT OR TYPE:**

**Name:** \_\_\_\_\_ **DERP ID #:** \_\_\_\_\_  
*(First Name, Middle Initial, Last Name)*

**Date of Birth:** \_\_\_\_\_ **Gender:** M / F **Social Security Number:** \_\_\_\_\_

**Effective Date of DRO Benefit:** \_\_\_\_\_

**Residence Address:** \_\_\_\_\_  
*(Street Address, City, State, Zip Code)*

**Mailing Address:** \_\_\_\_\_  
*(Street Address, City, State, Zip Code)*

**Telephone Number: Home:** \_\_\_\_\_ **Alternate:** \_\_\_\_\_  
*(Area Code, Number)* *(Area Code, Number)*

**Email Address:** \_\_\_\_\_

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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.

**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.)*

John Doe 123 Street Anywhere, USA	Date: _____	XXXX
Pay to the order of: _____	\$ _____	
Bank Name _____		
Memo: _____	--- VOID ---	
(Nine-Digit Routing Number)	(Account Number)	

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\***

<input type="checkbox"/>	DO NOT WITHHOLD FEDERAL INCOME TAX.
<input type="checkbox"/>	WITHHOLD FEDERAL INCOME TAX BASED ON THE TAX TABLES FOR: <input type="checkbox"/> A MARRIED INDIVIDUAL (OPTIONAL) PLUS \$ _____ <input type="checkbox"/> A SINGLE INDIVIDUAL (OPTIONAL) PLUS \$ _____
<input type="checkbox"/>	FIXED FEDERAL TAX AMOUNT WITHHELD: <input type="checkbox"/> I ELECT TO HAVE \$ _____ WITHHELD FROM EACH BENEFIT PAYMENT <input type="checkbox"/> I ELECT TO HAVE _____% WITHHELD FROM EACH BENEFIT PAYMENT

**COLORADO STATE TAX WITHHOLDING ELECTION\***

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

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

**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: \_\_\_\_\_