

**DOMESTIC RELATIONS ORDER
RELEASE AUTHORIZATION**

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: _____

