

## LUMP-SUM DEATH BENEFIT APPLICATION

DERP ID: \_\_\_\_\_

I, \_\_\_\_\_, the designated beneficiary of \_\_\_\_\_, a deceased retired member of Denver Employees Retirement Plan, hereby make application for the deceased lump-sum death benefit in the amount of \$ \_\_\_\_\_ as provided for in Sections 18-401 through 18-433 of the Revised Municipal Code of the City and County of Denver. The member died on \_\_\_\_\_, and I hereby submit a certified death certificate for the member. My Social Security or Tax Identification number is \_\_\_\_\_, my date of birth is \_\_\_\_\_ and I request the lump-sum death benefit be mailed to the following address:

\_\_\_\_\_  
Address, City, State, ZIP Code

Primary Phone Number: \_\_\_\_\_

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

### FEDERAL TAX WITHHOLDING ELECTION

<input type="checkbox"/>	<b>Withhold federal income tax based on either a fixed percentage or amount:</b>
<input type="checkbox"/>	I elect to have _____ % withheld from the distribution
<input type="checkbox"/>	I elect to have \$_____ withheld from the distribution

### COLORADO STATE TAX WITHHOLDING ELECTION

<input type="checkbox"/>	<b>Withhold Colorado state tax based on either a fixed percentage or amount:</b>
<input type="checkbox"/>	I elect to have _____ % withheld from the distribution
<input type="checkbox"/>	I elect to have \$_____ withheld from the distribution (whole numbers only-no decimals)

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

**THIS FORM MUST BE NOTARIZED**

Beneficiary Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

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 \_\_\_\_\_