

MISCELLANEOUS DEATH BENEFIT APPLICATION

DERP ID: _____

I, _____, the designated beneficiary of _____, a deceased member of Denver Employees Retirement Plan, hereby make application for the member's remaining benefits due (e.g. employee contributions, uncashed benefit check, etc.) in the amount of \$_____ as provided for in 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 distribution be mailed to the following address:

Address, City, State, ZIP Code

Primary Phone Number: _____

Email Address: _____

FEDERAL TAX WITHHOLDING ELECTION

<input type="checkbox"/>	Withhold federal income tax based on either a fixed percentage or amount:
<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"/>	Withhold Colorado state tax based on either a fixed percentage or amount:
<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 _____