

DEFERRED RETIREMENT OPTION PLAN LUMP-SUM DISTRIBUTION TO A BENEFICIARY

DERP ID #: _____

I, _____, the designated beneficiary of _____, a deceased retired member of Denver Employees Retirement Plan, hereby make application for my portion of the deceased member's DROP account 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 distribution be mailed to the following address:

Address, City, State, ZIP Code

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 (must be at least 20%)
<input type="checkbox"/>	I elect to have \$_____ withheld from the distribution (must equal at least 20%)

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)

By signing below, I am confirming all choices related to my DROP withdrawal as shown above. Additionally, I confirm that I have received the DROP tax notice and have been advised to seek legal and tax advice prior to submitting my request for a withdrawal from the DROP account.

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 _____