

## Spousal Consent Before Retirement

If you're an active or inactive member, and you and your spouse agree to designate someone other than your spouse as your primary beneficiary to receive a lifetime monthly DERP Pension Benefit payment upon your death, your spouse must voluntarily consent to the designation by signing and notarizing this form. This consent remains in effect only until you retire. If you still wish to designate a beneficiary other than your spouse at retirement, you must complete a **Spousal Consent At Retirement** form.

**Important!** Incomplete, unsigned, or non-notarized forms will not be processed.

### Step 1 – Member Information All fields **must** be populated.

\_\_\_\_\_  
Name (First, Middle Initial, Last)

\_\_\_\_\_  
DERP ID (call our office if you don't know your ID)

### Step 2 – Spousal Consent and Notarization This form will not be processed without a notarized signature.

**As the spouse of a DERP member, I confirm that I've read, understand, and agree to the following:**

1. I'm the spouse of the active or inactive member noted in **Step 1**.
2. I acknowledge that under Section 18-410(c) of the Revised Municipal Code of the City and County of Denver, my spouse must designate me as the beneficiary to receive a lifetime monthly DERP Pension Benefit, unless I waive my right to those benefits.
3. I voluntarily waive my rights and consent to my spouse designating another individual as beneficiary.
4. By signing this form, I understand that I am waiving my right to receive a future DERP Pension Benefit if my spouse passes away before applying for and receiving the benefit.
5. I acknowledge that this consent remains in effect until the date of my spouse's retirement, unless I choose to revoke prior to that date. If my spouse wishes to continue designating another individual as beneficiary at retirement, a **Spousal Consent At Retirement** form will be required.

\_\_\_\_\_  
Spouse's Signature (Must be signed in the presence of a notary.)

\_\_\_\_\_  
Date

**The Notarization Section is on the next page. Be sure to complete that section to avoid delays.**

**Notarization Section**

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed before me on (date) \_\_\_\_\_

by \_\_\_\_\_  
(name(s) of individual(s) making statement)

\_\_\_\_\_  
Notary's Official Signature

\_\_\_\_\_  
Commission Expiration

**Step 4 – Submit**

Send us your completed and signed form using one of the following methods:

- ✓ **Email:** [Help@DERP.org](mailto:Help@DERP.org)
- ✓ **Mail:** DERP  
777 Pearl St  
Denver CO 80203
- ✓ **Fax:** (303) 839-9525

**To meet with a membership services representative in person, you must schedule an appointment in advance.**