



Denver Employees Retirement Plan  
777 Pearl Street  
Denver, Colorado 80203  
Ph. - 303/839-5419 Fax - 303/839-9525  
www.derp.org

## Change of Beneficiary

Print name: \_\_\_\_\_

File #: \_\_\_\_\_

I, the undersigned employee, hereby change my designated beneficiary with Denver Employees Retirement Plan as provided by Ordinance and the rules and regulations of the Retirement Board.

### Beneficiary changed from:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Beneficiary changed to:** *(the beneficiary must be an individual person and cannot be the member's estate, a trust, a charity, etc., and cannot be more than one person):*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

In the event this beneficiary predeceases me and I do not elect another, if applicable, I designate my estate to receive any refundable contributions.

Employee signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

State of \_\_\_\_\_ )  
City and \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

*This form must be notarized.*

The foregoing instrument was signed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

WITNESS my hand and official seal.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

*For Retirement Office Use Only*

File # \_\_\_\_\_ Date \_\_\_\_\_ Processed by \_\_\_\_\_