



ELECTION OF INCOME TAX WITHHOLDING RETIREMENT BENEFITS

DENVER EMPLOYEES RETIREMENT PLAN
777 Pearl Street
Denver, Colorado 80203-3717

Phone: (303) 839-5419 Fax: (303) 839-9525
e-mail: mbrsvs@derp.org

PLEASE PRINT OR TYPE

Name: _____ Member Number: _____
(First Name, Middle Initial, Last Name)

Home Address: _____
(Street, Avenue, Road, P.O. Box, etc.)

(City, State, ZIP)

Telephone Number: Home: _____ Social Security Number *(last four digits)*:
(Area Code, Number)

FEDERAL TAX WITHHOLDING ELECTION*

<input type="checkbox"/>	DO NOT WITHHOLD FEDERAL INCOME TAX.
<input type="checkbox"/>	WITHHOLD FEDERAL INCOME TAX BASED ON THE TAX TABLES FOR: <input type="checkbox"/> A MARRIED INDIVIDUAL WITH _____ EXEMPTIONS <i>(OPTIONAL)</i> PLUS \$ _____ <input type="checkbox"/> A SINGLE INDIVIDUAL WITH _____ EXEMPTIONS <i>(OPTIONAL)</i> PLUS \$ _____
<input type="checkbox"/>	FIXED FEDERAL TAX AMOUNT WITHHELD: <input type="checkbox"/> I ELECT TO HAVE \$ _____ WITHHELD FROM EACH BENEFIT PAYMENT <input type="checkbox"/> I ELECT TO HAVE _____% WITHHELD FROM EACH BENEFIT PAYMENT

COLORADO STATE TAX WITHHOLDING ELECTION*

<input type="checkbox"/>	DO NOT WITHHOLD COLORADO STATE TAX.
<input type="checkbox"/>	WITHHOLD COLORADO STATE TAX BASED ON THE TAX TABLES FOR: <input type="checkbox"/> A MARRIED INDIVIDUAL WITH _____ EXEMPTIONS <i>(OPTIONAL)</i> PLUS \$ _____ <input type="checkbox"/> A SINGLE INDIVIDUAL WITH _____ EXEMPTIONS <i>(OPTIONAL)</i> PLUS \$ _____
<input type="checkbox"/>	FIXED COLORADO STATE TAX AMOUNT WITHHELD: <input type="checkbox"/> I ELECT TO HAVE \$ _____ WITHHELD FROM EACH BENEFIT PAYMENT <input type="checkbox"/> I ELECT TO HAVE _____% WITHHELD FROM EACH BENEFIT PAYMENT

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

SIGNATURE: _____ DATE: _____