



Denver Employees Retirement Plan  
 777 Pearl Street  
 Denver, Colorado 80203  
 Ph. - 303/839-5419  
 Fax - 303/839-9525  
[www.derp.org](http://www.derp.org)  
[mbrsvs@derp.org](mailto:mbrsvs@derp.org)

## Employee Contribution Refund Form

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

DERP ID: \_\_\_\_\_

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

City ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Street Address (including unit/apartment number), City, State, Zip Code

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_  
 Personal, not city issued

I am an inactive and non-vested member of Denver Employees Retirement Plan (DERP) and:

- I elect to leave my contributions on deposit with DERP. I understand that the contributions earn interest each June 30 and that I may request a refund of the contributions, plus interest, if applicable, at any time by completing a new, notarized, form.
- I elect to take my employee contributions as a lump-sum. I understand that there is a mandatory 20% federal tax withholding and that there may be a 10% penalty for early withdrawal, if I am under age 59 ½.
- I elect to rollover my employee contributions into a qualified retirement account at the financial institution noted below. I certify that this is a qualified plan and not a Roth IRA.

\_\_\_\_\_  
 Name of Institution or Legal Name of Qualified Plan

\_\_\_\_\_  
 Street Address, City, State, Zip Code

\_\_\_\_\_  
 Account Number

Note: You are responsible for fulfilling all rules and requirements to complete a rollover. Some institutions require additional documentation to accept a rollover, please confirm with your institution. You or your institution may be contacted if additional information is required.

**I acknowledge that by taking a refund I forfeit my credited service which can be purchased upon my re-employment with an employer covered by DERP. I also understand that my refund/rollover cannot be processed until approximately 60 days after my separation date. If my request occurs after this time frame, I understand it will take two weeks to process.**

Signature: \_\_\_\_\_ Date signed \_\_\_\_\_

***This form must be notarized.***

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 \_\_\_\_\_