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PERA Retirement Application

Colorado Public Employees' Retirement Association
PO Box 5800 Denver, Colorado 80217-5800
303-832-9550 or 1-800-759-PERA (7372) • www.copera.org

COLORADO PERA®

Please read the *Retirement Process* booklet before completing this application. This application should be completed no more than 90 days before your retirement date. Do not use this form to request a lump-sum payment (refund) of your account; instead complete a *Refund Request* form. Please do not send photocopies of this form and type or print in black ink. This form may be completed online using your PERA PIN.

Your SSN

Part 1–Personal Information

Anticipated Retirement Date _____ 1, _____
(First day of month after last day on job) Month Year

Name _____ Birthdate _____
First Middle Last Month/Day/Year

Address _____
Street, Route, or Box Number City State ZIP Code

❑ Check here if your address is new

Work Telephone ( ) _____ Home Telephone ( ) _____

Employer _____ Position _____

If Married _____
Name of Spouse Birthdate SSN

Part 2–Benefit Option Selection (Choose only one Option, complete Cobeneficiary information below for Options 2 or 3, and sign at the bottom.) *Note:* If you want to designate your estate, trust, or charity as your **Named Beneficiary,** print "estate" or the name of the trust or charity, followed by the name of the executor/trustee in the blank provided for "Named Beneficiary" below. If you designate more than one person as Named Beneficiary below, attach a list of their names, Social Security numbers, and addresses. Sign and date the list. Submitting this form cancels and replaces all of your previously named beneficiaries (primary and contingent). If you want to continue any previous beneficiary designations, you must fully name all primary and contingent beneficiaries on this form or on an attached list.

❑ **Option 1:** See page 7 for an explanation of Option 1

Named Beneficiary _____ SSN _____

Address _____
Street, Route, or Box Number City State ZIP Code

If you elect Option 2 or 3, indicate your Cobeneficiary and Named Beneficiary below. Your Cobeneficiary cannot be the same as your Named Beneficiary because your Named Beneficiary will receive a lump-sum payment of any remaining account balance when:

- You and your Cobeneficiary die.
- Your Cobeneficiary dies before you, your benefit reverts to an Option 1, and then you die.

❑ **Option 2:** See page 7 for an explanation of Option 2

❑ **Option 3:** See page 7 for an explanation of Option 3

Cobeneficiary _____ SSN _____

Birthdate _____ Is your cobeneficiary your spouse? ❑ Yes ❑ No
Month/Day/Year

Address _____
Street, Route, or Box Number City State ZIP Code

Named Beneficiary _____ SSN _____

Address _____
Street, Route, or Box Number City State ZIP Code

Named Beneficiary: The person(s) or entity you designate to receive a lump-sum payment of any remaining moneys credited to your PERA account, plus the match. You may change this designation after retirement.

Cobeneficiary: The person you designate under Options 2 or 3 to receive a continuing benefit after your death. You may name only one cobeneficiary. After retirement, your cobeneficiary designation may only be changed in limited circumstances.

Member Signature _____ **Date** _____