



Financial Institution Certification

Colorado Public Employees' Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org



Member SSN

SSN input boxes: [][][] [][] [][][][][]

Use this form to have your financial institution certify the plan that will accept the rollover of your Colorado PERA Defined Benefit (DB) Plan account(s). Once completed, send this form to PERA.

Member Information

Name _____
Last First MI

Sign Here → Member Signature _____ Date _____

Tax-Deferred Portion

Member: Choose ONE plan below to have the tax-deferred portion of your DB Plan account(s) rolled into:

- Traditional IRA Roth IRA Qualified Plan 403(a) Annuity Plan
- 403(b) Tax-Sheltered Annuity 457(b) Governmental Plan PERAPlus 401(k) Plan*
- PERAPlus 457 Plan* (You must have an existing PERAPlus 457 Plan account)

* If you choose the PERAPlus 401(k) or 457 Plan, you do not need the certification below.

→
Authorized representative from financial institution complete this section

IRA custodian or plan representative: Complete and sign the information below. THIS CERTIFICATION CANNOT BE COMPLETED BY THE PERA MEMBER.

Make check payable to _____

Our institution will accept (check one): The entire tax-deferred portion **or** The following amount \$ _____

Name of IRA Custodian or Plan _____ Account Number _____

Address _____
Street City State ZIP Code

Sign Here → Signature of IRA Custodian or Plan Representative _____

(Authorized representative)
Print Name of IRA Custodian or Plan Representative _____

Title of IRA Custodian or Plan Representative _____

Telephone Number () _____

Tax-Paid Portion

Member: Choose ONE plan below to have the tax-paid portion of your DB Plan account(s) rolled into:

- Traditional IRA Roth IRA Qualified Plan 403(b) Tax-Sheltered Annuity
- PERAPlus 401(k) Plan*

* If you choose the PERAPlus 401(k) Plan, you do not need the certification below.

→
Authorized representative from financial institution complete this section

IRA custodian or plan representative: Complete and sign the information below. THIS CERTIFICATION CANNOT BE COMPLETED BY THE PERA MEMBER.

Make check payable to _____

Our institution will accept (check one): The entire tax-paid portion **or** The following amount \$ _____

Name of IRA Custodian or Plan _____ Account Number _____

Address _____
Street City State ZIP Code

Sign Here → Signature of IRA Custodian or Plan Representative _____

(Authorized representative)
Print Name of IRA Custodian or Plan Representative _____

Title of IRA Custodian or Plan Representative _____

Telephone Number () _____