

Denver Public Schools (DPS) Benefit Structure Retirement Application

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



Your SSN

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Please read the *Retirement Process* booklet before completing this form and send the completed form to Colorado PERA 90 days before your retirement date. This form may also be completed online by logging in to your account with your User ID and password.

Member Information

Check if your address is new

Name _____
Last First MI

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

Birthdate ____/____/____ Home Number Cell Number (____) _____

Email Address _____

Sign up for electronic delivery of PERA information? Yes No

Employer _____ Position _____

Spouse's Name _____ Spouse's Birthdate ____/____/____

Retirement Date

Your retirement date is the first day of the month after your last day on the job, last day of any leave used, or the latest date of termination from all your PERA-covered employment, whichever is later.

_____, 1, _____
Month Year If I am eligible for a date earlier than the one provided here, I elect to have the earliest possible retirement date.

(If the above box is not checked, your earliest retirement date will be set as the date you elected.)

Benefit Option Selection

Choose only one Option, complete the requested information, and sign at the bottom. 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/Option B Beneficiary" or "Named Beneficiary." To designate more than one person as a named beneficiary or Option B beneficiary, see the reverse side to list additional named or Option B beneficiaries. Submitting this form cancels and replaces all of your previous beneficiary designations. To continue any previous beneficiary designations, you must fully list all Named or Option B Beneficiaries on this form.

If you elect Option A or B, indicate your named beneficiary/Option B beneficiary below.

Option A Option B

Named/Option B Beneficiary _____ SSN _____

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

If you elect Option P2 or P3, indicate your cobeneficiary and named beneficiary below. To designate more than one person as a named beneficiary, see the reverse side to list additional named beneficiaries. Your cobeneficiary cannot be the same as your named beneficiary because your named beneficiary will only receive a lump-sum payment of any remaining Defined Benefit (DB) Plan account balance in the event that you and your cobeneficiary die. If you choose an Option P3 and name someone other than your spouse who is more than 10 years younger than you as your cobeneficiary, the amount that continues to your cobeneficiary at your death could be limited in accordance with percentages required by the Internal Revenue Code regulations.

Option P2 Option P3 Is your cobeneficiary your spouse? Yes No

Cobeneficiary _____ SSN _____

Birthdate ____/____/____ Cobeneficiary is: an individual a Supplemental Needs Trust

Month/Day/Year

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

Named Beneficiary _____ SSN _____

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

Sign Here →

Member Signature _____ Date _____



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Your Name _____ SSN _____

Additional Named Beneficiaries

Complete this section if you have elected an Option A, P2, or P3 and would like to list more than one named beneficiary. Do not complete this section if you elected an Option B (see "Additional Option B Beneficiaries" below). **You must sign and date below or your additional named beneficiaries will not be valid.**

Your remaining DB Plan account (if any) will be divided equally among all of your named beneficiaries after your death

Named Beneficiary _____ SSN _____

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 _____ SSN _____

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

Sign Here →
If you listed additional named beneficiaries

Signature _____ Date _____

Additional Option B Beneficiaries

Complete this section to list more than one Option B beneficiary. **You must sign and date below or your additional Option B beneficiaries will not be valid.**

See page 8 for more information on Option B beneficiaries

Option B Beneficiary _____ SSN _____

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

Option B Beneficiary _____ SSN _____

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

Option B Beneficiary _____ SSN _____

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

Sign Here →
If you listed additional Option B beneficiaries

Signature _____ Date _____