

PERA DC Plan Participant Information Change Form

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



FOR ELIGIBLE STATE AND COMMUNITY COLLEGE EMPLOYEES ONLY

You may use this form to change your name, address, and/or phone number on your PERA Defined Contribution (DC) Plan account. If you have a PERA Defined Benefit (DB) Plan account, use the *Member Information Form* to change your name, address, phone number, and/or your beneficiary(ies).

If you need to change your beneficiary(ies) for your PERA DC account, you can change them online through the PERA Web site or by calling PERA at 1-800-759-7372 and selecting the PERA Defined Contribution plan option to order a form. You will need your Personal Identification Number (PIN) to access your account.

If you are making a name change, attach a photocopy of your new Social Security card with your new name, and return it with this form.

To complete this form, type or print in black ink and sign below. If you are currently working for a PERA employer, provide your employer with a photocopy of this form for their records.

SSN

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Name:

New/Current Name _____
Last Name First Name Middle Name

Former Name _____
Last Name First Name Middle Name

Address:

New Mailing Address _____
Address City State ZIP Code

Previous Mailing Address _____
Address City State ZIP Code

Phone Number: Home Telephone () _____ Work Telephone () _____

Member Signature _____ Date _____