



Defined Benefit Plan Refund by Direct Deposit

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



Member SSN

_____|_____|_____|_____|_____|_____|

This form should be used in conjunction with a *Refund Request—Defined Benefit Plan* form. It is ONLY to refund your PERA Defined Benefit (DB) Plan by direct deposit, not your PERAPlus 401(k)/457 Plan account(s) or PERA DC Plan account. Refunding your account is irrevocable and eliminates credit for your years of service in the PERA DB pension plan.

If you want to withdraw your PERAPlus 401(k)/457 Plan accounts or PERA DC Plan account, call 1-833-4-COPERA (833-426-7372) and speak to an Empower representative.

Member Information

Name must be the same as the name on your Social Security card

Name _____
Last First MI
Address _____
Street City State ZIP Code
Daytime Telephone () Birthdate _____

Direct Deposit Authorization

Request that your refund be deposited directly by completing this section and the “Bank Account Information” section on the reverse.

I have submitted a *Refund Request—Defined Benefit Plan* form to PERA.

I authorize my financial institution to provide PERA with any and all information needed to initiate the direct deposit of my refund. Such information may include, but is not limited to, the name on the account, the account number, and the routing number. I understand that a photocopy of both sides of this authorization shall be as valid as the original and any information obtained by PERA will be used for the sole purpose of initiating the electronic transfer of my refund payment.

I understand that PERA will make deposits to a personal checking or savings account listed (on the reverse) of which I am the account holder, but not to a trust, money market, managed fund, brokerage account, foreign institution, or any institution that is not part of the Federal Reserve. If PERA determines that this account is invalid due to the account holder or account type, I understand PERA must cancel the deposit to the account.

Sign Here → Member Signature _____ Date _____

You must complete the “Bank Account Information” section on the reverse.





Defined Benefit Plan Refund by Direct Deposit (continued)

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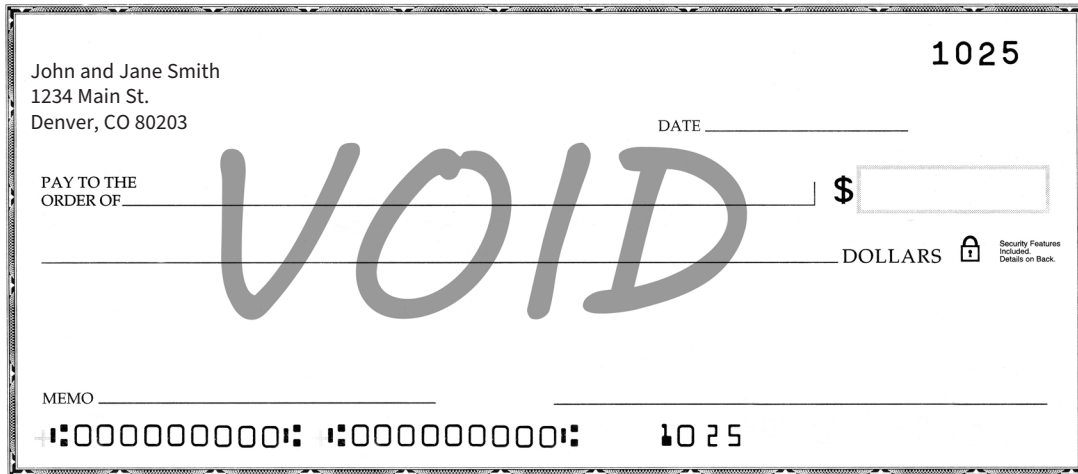
Name _____ SSN _____

Bank Account Information

Please choose only ONE option below to submit your bank account information where your refund will be deposited.

Option 1:
Attach a voided
check here

Please use tape (do not staple or glue) to attach a check here that contains your preprinted name and address. Write the word "VOID" across the check in large letters. DO NOT USE A DEPOSIT SLIP OR TEMPORARY CHECK.



Option 2:
Complete the
information here

Name on Account _____

Name of Financial Institution _____ Telephone Number (____) _____

Financial Institution Address _____
Street City State ZIP Code

Checking Account Savings Account

Routing Number _____
(9 numbers)

Account Number _____
(maximum 17 numbers)



Bank Routing Number

Bank Account Number

Check Number
(Do not use)