

PERA DC Plan Participant Information Change Form



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

М	lember SSN						
You may use this form t	o change your name, ac	ldress, phone number, ar	nd/or email addres	ss ONLY for your PEI	RA Defined Contril	oution (DC) Plan acco	ount
If you do not have a DC	Plan account, use the fo	ollowing:					
phone numbe » To change you and select "Up » If you need to	r, email address, and/or ir address for your PERA odate Contact Information	B) Plan account, use the M your beneficiary(ies). Plus 401(k) or 457 Plan acon" from the "My Profile" ((ies) for your PERA DC aco	ccount(s), please s menu.	ign in to your PERA a	account with your	User ID and passwor	
To complete this form, t a copy of this form for th		and sign below. If you are	e currently workin	g for a PERA employ	er, provide your e	mployer with	
Member Name	No. (Constant						
If you are making a name change, attach a copy of your new Social Security card with your new name.	New/Current Name _ Former Name _	Last		First		MI	
		Last		First		MI	
Contact Information	New Mailing Address_						
	-	Street		City	State	ZIP Code	
	Previous Mailing Addr	ess Street		City	State	ZIP Code	
	Home Telephone			Work Telephone			-
	Email Address						
	Sign up for electronic delivery of PERA information: Yes \square No \square						
Certification							

Date _

Sign Here → Member Signature_