



# PERA 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

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

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 Beneficiary" below. To designate more than one person as a named beneficiary, see the reverse side to list additional named 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 beneficiaries on this form.

See page 6 for definitions of Option 1 and Named Beneficiary

If you elect Option 1, indicate your named beneficiary below.

Option 1

Named Beneficiary \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_  
Street, Route, or Box Number City State ZIP Code

If you elect Option 2 or 3, indicate your cobeneficiary and named beneficiary below. 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.

See pages 5-6 for definitions of Options 2 and 3 and Cobeneficiary

Option 2  Option 3

Cobeneficiary \_\_\_\_\_ SSN \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Cobeneficiary is:  an individual  a Supplemental Needs Trust  
Month/Day/Year

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 want to list more than one named beneficiary. **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 \_\_\_\_\_