



PERAPlus 401(k)/457 Plan Participant Employment Termination Notification Form



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

Member SSN

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Use this form to notify Colorado PERA that you have terminated employment with all PERA-affiliated employers. You should also complete this form if you have recently retired and wish to begin making withdrawals from your PERAPlus 401(k)/457 Plan account. Please note, there is a 30-day waiting period following your date of termination/retirement before you can request a withdrawal from your PERAPlus 401(k)/457 Plan account.

Member Information

Name _____ Birthdate _____
Last First M.I.

Address _____
Street City State ZIP Code

Home Telephone () _____ Work Telephone () _____

Email Address _____

Sign up for electronic delivery of PERA information? Yes No

I am a participant in: PERAPlus 401(k) Plan PERAPlus 457 Plan

Employment Information

Employer(s) Name (please print the names of all PERA-affiliated employers you worked for) _____

I am actively employed by at least one of the above PERA-affiliated employer(s): Yes No

I am separated from employment with all PERA-affiliated employers: Yes No

If yes, list termination date: _____

Note: If you are transferring employment from one PERA-affiliated employer to another PERA-affiliated employer, you are not eligible to withdraw your account unless you are age 59½ or older.

Sign Here →

Participant Signature _____ Date _____

Print Name _____

Employer's Certification

Give this form to all PERA-affiliated employer(s) you have worked for in the past six months.

I certify that _____ ended employment on _____
Participant Name Month/Date/Year

Date of last 401(k) contribution _____ Amount of final contribution \$ _____
Month/Date/Year

Date of last 457 contribution _____ Amount of final contribution \$ _____
Month/Date/Year

Signature of Payroll/HR Representative _____ Date _____

Employer Name _____

Employer Number _____ Title _____