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**: ___________________________  **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**:  Yes  No

**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**: ___________________________  **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**: ___________________________