



Member Information Form—Defined Benefit Plan(s)

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



Member SSN

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

Read the instructions on page 2 before completing this form. Be sure to sign and date this form as well as any enclosures. If you are a retiree who is currently receiving a monthly benefit and would like to change your beneficiary, do not complete this form. Please complete the *Retiree Named Beneficiary Change Form* and return it to PERA.

Member Information

I am: A New Member Changing PERA Information (Complete any information you are changing and sign.)

Name _____
Last First MI Former Name

Birthdate ____/____/____ Sex: Female Male
Month/Day/Year

Home Telephone (____) _____ Work Telephone (____) _____

Mailing Address _____
Street, Route, or Box Number, and Apt. Number City State ZIP Code

Email Address _____

Sign up for electronic delivery of PERA information? Yes No

Spouse's Name _____
Last First MI

Spouse's Birthdate ____/____/____ Spouse through: Marriage Civil Union
Month/Day/Year

Named Beneficiary

Primary and Contingent Named Beneficiary of Your Colorado PERA DB Plan Account(s)

If you have additional Named Beneficiaries, complete the Additional Named Beneficiaries section on page 4.

Changes apply to: PERA Benefit Structure DB Plan Account DPS Benefit Structure DB Plan Account
 Apply to Both DB Plan Accounts

Note: If you do not check a box, the beneficiary changes will be made to both DB Plan accounts, if applicable.

Primary Beneficiary:

Name _____ Relationship _____ SSN _____ Birthdate ____/____/____
Street, Route, or Box Number, and Apt. Number _____ City _____ State _____ ZIP Code _____

Contingent Beneficiary:

Name _____ Relationship _____ SSN _____ Birthdate ____/____/____
Street, Route, or Box Number, and Apt. Number _____ City _____ State _____ ZIP Code _____

Sign Here → Member Signature _____ Date _____

To Be Completed by Employer

Employer No. 814 Employer Name Knowledge Quest Academy

For new employees only Date _____ Starting Salary _____

Job Title _____ Date Employed _____