Member Information Form—Defined Benefit Plan(s)

Colorado Public Employees' Retirement Association
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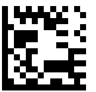

Member SSN ☐☐☐ ☐☐ ☐☐☐☐

Read the instructions on page 2 before completing this form. Be sure to sign and date this form as well as any enclosures.

Member Information

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

Member ______________________________
Last Name First Name Middle Name Former Name

Birthdate ____/____/____ Sex: ❑ Male ❑ Female Home Telephone (____)__________ Work Telephone (____)__________
Month/Day/Year

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 ______________________________ Spouse's Birthdate __________
Last Name First Name Middle Name Month/Day/Year

Spouse through: ❑ Marriage ❑ Civil Union

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

For new employees only

Employer No. __________ Employer Name ______________________________

Date __________ Starting Salary __________

Job Title ______________________________ Date Employed __________

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Your Name ______________________ **Your SSN** ______________________

Additional Named Beneficiaries

See page 2 for primary and contingent named beneficiary definitions

Complete this section only if you have additional Primary and Contingent Named Beneficiaries.

Primary Beneficiary(ies):

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

Contingent Beneficiary(ies):

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

Sign Here → **Member Signature** ______________________ **Date** __________