



PERACHOICE

THE PERA DEFINED BENEFIT PLAN AND
THE PERA DEFINED CONTRIBUTION PLAN

Revised December 2021

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INTRODUCTION

Colorado PERA was established in 1931 by the Colorado General Assembly at the request of a group of State employees who foresaw the need for a safe and secure retirement system. PERA predates the creation of Social Security and most PERA members do not contribute to Social Security.

PERA currently serves over 600,000 public employees. PERA is governed by a 16-member Board of Trustees, 12 of whom are elected by the membership. The Board works closely with elected officials to ensure the soundness of one of the state's largest financial institutions.

PERAChoice

PERAChoice is the option some eligible employees have to choose between the PERA Defined Benefit (DB) Plan and the PERA Defined Contribution (DC) Plan. You have 60 calendar days from your date of hire to make a choice between Plans. If you do not make an active choice in that 60 days, you'll be automatically enrolled in the PERA DB Plan. You will also have a one-time option of switching between the PERA DB and DC Plans between years two and five of participation.

PERAChoice ELIGIBILITY REQUIREMENTS

You may be eligible to participate in PERAChoice if you are:

- » A State of Colorado employee hired on or after January 1, 2006.
- » A community college employee hired on or after January 1, 2008, at one of the institutions listed on page 1.
- » A classified college or university employee in the State personnel system hired on or after January 1, 2019.
- » A Local Government Division employee hired on or after January 1, 2019.

If PERA has received contributions on your behalf from another PERA employer in the last 12 months, you must return to the Plan in which you previously participated. PERA retirees are not eligible to participate.



Both PERA DB and PERA DC Plan contributions are tax deferred, which means reduced current state and federal income taxes.

If PERA has not received contributions on your behalf in the past 12 months, and you are not a PERA retiree, you are eligible to participate in PERAChoice. (The term PERA retiree includes retirees of the Denver Public Schools Retirement System who retired prior to January 1, 2010, and PERA retirees under the Denver Public Schools [DPS] benefit structure after January 1, 2010.)

COMMUNITY COLLEGES ELIGIBLE TO PARTICIPATE IN PERACHOICE:

- » Arapahoe Community College
- » Colorado Community College System
- » Colorado Northwestern Community College
- » Community College of Aurora
- » Community College of Denver
- » Front Range Community College
- » Lamar Community College
- » Morgan Community College
- » Northeastern Junior College
- » Otero Junior College
- » Pikes Peak Community College
- » Pueblo Community College
- » Red Rocks Community College
- » Trinidad State Junior College

AVAILABLE PLANS

PERA has two types of Plans—a DB Plan and a DC Plan. Both Plans are considered 401(a) plans and are created under that section of the Internal Revenue Code. The PERA DB Plan is a pension plan where your contributions are invested by professionals for you and you receive a lifetime benefit. In the PERA DC Plan, you direct your investments to an array of fund options, and retire with the account balance you have at that time.

► PERA DEFINED BENEFIT AND DENVER PUBLIC SCHOOLS (DPS)

If you are under the DPS benefit structure and you become eligible for PERAChoice because you had a 12-month break in service, and choose the PERA DB Plan, you will be entitled to another choice of which DB benefit structure to participate in. If you are eligible for this additional choice, PERA will notify you by sending you the materials you need to make this choice. If you have any questions about your eligibility for this additional choice and your options under this choice, call PERA at 1-800-759-7372.

COMPARE YOUR OPTIONS

As a new State of Colorado, community college, Local Government Division, or State-classified college or university employee, you may select from the two types of retirement plans offered by PERA. Whether you are comfortable investing for your retirement or would like the security of a set lifetime benefit, PERA has an option for you. The following pages outline the differences between the PERA DB and the PERA DC Plans. See the chart below and the “Retirement Plan Assessment” on page 3 to help you make your decision.

PERA DB AND PERA DC PLAN COMPARISON CHART

	PERA DB Plan	PERA DC Plan	See Page for Details
How Each Plan Works			
Lifetime retirement benefit (pension)	Yes	No	4
Retirement benefit dependent on the success of your investment choices	No	Yes	4
Potential annual increase to retirement benefit	Yes	No	4
You manage your own investments	No	Yes	4
PERA invests on your behalf	Yes	No	4
Access to survivor benefits	Yes	No	5
Access to disability benefits	Yes	No	5
Access to PERACare Health Benefits Program for retirees	Yes	Only if you purchase a lifetime annuity upon termination of PERA-covered employment	6
Access to life insurance	Yes	Yes	6
Access to PERAPlus 401(k) and 457 Plans	Yes	Yes	6
Investment advice available	Available in the voluntary PERAPlus programs	Yes	7
Receive a percentage of employer contributions, or a match, if you withdraw your account	Yes, depending on years of service and retirement eligibility	Yes, you will receive a percentage of your employer contributions based on years of participation	7
Fees	Not directly	Yes	8
Social Security offset applies	Yes	Yes	9

▶ OPPORTUNITY TO SWITCH PLANS

As a new PERAChoice participant, you will have the one-time option of switching between the PERA DB and DC Plans. During the second to fifth year of participation, you can end participation in one plan and begin participation in the other plan. See the *PERAChoice Years 2–5 Change/Transfer Form* for more information.



RETIREMENT PLAN ASSESSMENT

By answering the following questions, you'll be better able to determine what type of plan (DB or DC) is right for you.

Are you interested in a retirement account that provides a lifetime monthly benefit? If you answered Yes, consider the PERA DB Plan. If you answered No, consider the PERA DC Plan.	Yes	No
Do you have dependents that rely on you for financial support? If you answered Yes, consider the PERA DB Plan. If you answered No, consider the PERA DC Plan.	Yes	No
Are you interested in survivor benefits? If you answered Yes, consider the PERA DB Plan. If you answered No, consider the PERA DC Plan.	Yes	No
Are you interested in disability benefits? If you answered Yes, consider the PERA DB Plan. If you answered No, consider the PERA DC Plan.	Yes	No
Do you like to manage your own investments? If you answered Yes, consider the PERA DC Plan. If you answered No, consider the PERA DB Plan.	Yes	No
Do you have the time and knowledge, with the help of optional investment advice, to appropriately invest for your retirement security? If you answered Yes, consider the PERA DC Plan. If you answered No, consider the PERA DB Plan.	Yes	No
Are you prepared to accept the risk of potentially outliving your retirement funds? If you answered Yes, consider the PERA DC Plan. If you answered No, consider the PERA DB Plan.	Yes	No
Are you still unsure of what type of plan to choose—DB or DC? If you answered Yes, keep in mind that after 12 months of contributing to either the PERA DB or PERA DC Plan, you can switch plans during the second to fifth years of participation.	Yes	No

If you answered No, read the subsequent pages and complete the *PERAChoice Election and Release Form* in this packet within 60 calendar days of your date of hire to start investing in your future. After 60 days, you'll be automatically enrolled in the PERA DB Plan.

HOW EACH PLAN WORKS

PERA DB PLAN

- » The PERA DB Plan is a hybrid defined benefit plan. It is designed to attract and retain employees who are interested in working in PERA-covered employment for a large part of their careers, while providing greater portability than a traditional defined benefit plan.
- » The PERA DB Plan offers a lifetime retirement benefit after meeting age and service requirements and is sometimes referred to as a pension.
- » After retirement, you may receive an annual increase to your monthly retirement benefit.



See the *Retirement Process* booklet for more information.

- » A staff of investment professionals, under the direction of the PERA Board of Trustees, has the responsibility for the investment of PERA's funds. These funds are invested in common stocks of top-rated companies, corporate bonds, U.S. Treasury and other government securities, mortgages, real estate property, and other investment vehicles.
- » You receive benefits based on your Highest Average Salary (HAS), age at retirement, and number of years of service.



See the *Your PERA Benefits* booklet for more information.

- » Employees have their own unique accounts. Upon termination of employment, you have the option of doing a refund/rollover of your account regardless of your age or amount of service credit.
- » You earn a fixed interest rate on your member contributions (currently 3% compounded annually). The rate is set by the Board and is subject to change annually.

PERA DC PLAN

- » The PERA DC Plan is based solely on the money you have contributed and the investment earnings or losses incurred, minus expenses. The PERA DC Plan may be attractive to employees who are interested in working in PERA-covered employment for only a small portion of their careers.
- » The amount of your retirement benefit is difficult to determine given that the amount depends on the success of your investment decisions, when you begin withdrawals, and your life expectancy. With the PERA DC Plan, you bear the risk of outliving your investments.
- » You have the flexibility to make investment decisions, which also means you assume the investment risks. The PERA DC Plan is similar to a typical 401(k) plan. See pages 11–13 for information on investment options.
- » Employees have their own unique accounts.

MEMBER CONTRIBUTIONS

PERA DB PLAN AND PERA DC PLAN

As a member of either the PERA DB or PERA DC Plan, you contribute a percentage of your monthly salary to your account. Your contributions are tax-deferred, which means they are not considered taxable income for federal and state income tax purposes until they are withdrawn through a refund or monthly benefit.

MEMBER CONTRIBUTION RATES

	State, School, Judicial, and DPS Divisions	Local Government Division	Safety Officers
July 1, 2021– June 30, 2022	10.50%	8.50%	12.50%

SURVIVOR BENEFITS

PERA DB PLAN

If you die before retirement, PERA may provide monthly survivor benefits to your qualified survivors or a lump-sum payment to your named beneficiary(ies). Colorado state law determines who receives your PERA DB Plan account in the event of your death.



See the *Survivor Benefits* booklet for more information.

PERA DC PLAN

If you die before retirement, there are no continuing monthly benefits available to your qualified survivors. The balance in your PERA DC Plan account will be distributed to your named beneficiary(ies) in a lump-sum distribution. No further benefits are payable.

DISABILITY BENEFITS

PERA DB PLAN

PERA members with five or more years of earned service credit are covered by a two-tier disability program consisting of short-term disability (STD) insurance and a disability retirement benefit. Unum, the Disability Program Administrator, makes the medical determinations for the program and provides STD coverage through an insurance policy.



See the *Colorado PERA Disability Program* booklet for more information.

PERA DC PLAN

There are no disability benefits associated with the PERA DC Plan. If you terminate PERA-covered employment because you became disabled, you have several options regarding the money in your account (see "Withdrawal Options: Not Retirement Eligible" on page 9). No further benefits are payable.

PERACARE HEALTH BENEFITS PROGRAM

PERA DB PLAN

If you retire under PERA, you are eligible to enroll in the PERACare Health Benefits Program for retirees. You will receive information about these plans as part of your retirement process and there is an annual open enrollment each fall. The program includes premium subsidies, up to a maximum of \$230, based on your years of service credit.



See the *PERACare Overview* for more information.

PERA DC PLAN

The PERACare Health Benefits Program is only available if you purchase a lifetime annuity upon termination of PERA-covered employment (contact PERA for more information). There is no PERACare subsidy available to you because PERA DC Plan contributions are not allocated to the Health Care Trust Fund.

LIFE INSURANCE

PERA DB PLAN AND PERA DC PLAN

Through PERA, you may purchase group, decreasing-term life insurance regardless of whether you are in the PERA DB Plan or the PERA DC Plan. You may purchase this insurance without evidence of good health when you first become a PERA member or during the annual open enrollment period, or at other times with evidence of good health. However, you may not begin coverage after you retire. Coverage for your spouse and dependent children is included with your coverage. If you leave PERA employment and

leave your member contribution account(s) with PERA, you may continue participation in the life insurance program. If you retire from the PERA DB Plan, your life insurance coverage will automatically continue unless you cancel it in writing. Premiums increase at retirement and will be deducted from your monthly benefit.

Information about the life insurance program is sent to all new members and to members not enrolled in the program during the annual open enrollment.

PERAPLUS 401(K) AND 457 PLANS

PERA DB PLAN AND PERA DC PLAN

PERA encourages you to save toward your retirement needs in addition to your PERA DB or DC Plan account. The PERAPLus 401(k) and 457 Plans allow you to obtain additional, voluntary retirement savings. *Note:* You are eligible to participate in the PERAPLus 457 Plan only if you work for a PERA employer who is affiliated with the PERAPLus 457 Plan.

The PERAPLus Plans offer the same PERAdvantage investment options available in the PERA DC Plan. A Roth option is also available in the PERAPLus 401(k)/457 Plans if your employer has adopted it.

The PERAPLus 401(k) and 457 Plans have loan and hardship/unforeseeable emergency withdrawal provisions. Plan permits rollovers of money into both the PERAPLus 401(k) and 457 Plans from certain other tax-qualified plans. PERA also allows pre-tax funds in the PERAPLus 401(k)/457 Plans to be used to purchase PERA DB Plan service credit under certain conditions.

For more information about the PERAPLus 401(k)/457 Plans, visit coperaplus.org.



INVESTMENT ADVICE

PERA DB PLAN

PERA invests your member contributions on your behalf; therefore, investment advice does not apply to the PERA DB Plan.

If you participate in the PERAPlus 401(k)/457 Plan(s) in addition to your PERA DB account, you can use investment advice, as described to the right, in those accounts.

PERA DC PLAN

Empower Retirement (Empower), the Plan recordkeeper, offers the following investment advisory services, powered by Financial Engines:

- » Online Advice—a no-cost service if you would like to manage your own retirement planning and investment decisions.
- » Professional Management—a fee-based service if you would prefer to have your account managed for you.

For more information, go to coperaplus.org and select Investing Help or call 833-4-COPERA (833-426-7372).

VESTING

PERA DB PLAN

You are considered vested in the PERA DB Plan upon completion of five years of service. Your PERA DB Plan member contributions are always 100% vested.

One year of service credit entitles you to survivor benefits, and after five years of earned service credit you are entitled to disability benefits.

Additionally, if you have five years of earned service credit and you are not retirement eligible, you are entitled to a 50% match on your contributions and interest if you refund or roll over your account upon termination of employment. Regardless of years of service, if you are retirement eligible at the time of your refund or rollover, you will receive a 100% match on your contributions and interest.

PERA DC PLAN

The vesting schedule is determined by number of years of participation, not PERA service credit. One year of participation equals 12 months of contributions.

Your Contributions: 100% immediately*

Your Employer's Contributions:

50%	Immediately*
60%	At the end of 1 year of participation*
70%	At the end of 2 years of participation*
80%	At the end of 3 years of participation*
90%	At the end of 4 years of participation*
100%	At the end of 5 years of participation*

*Plus/minus investment gains/losses, minus fees.



See the *Refund/Rollover Request* forms for more information.

COSTS

PERA DB PLAN

You do not directly pay costs in the PERA DB Plan. PERA's operating costs are spread across all participants and are approximately \$52 per member/retiree per year.

Costs apply if you choose to participate in the PERAPlus 401(k)/457 Plans. See coperaplus.org, for complete information.

PERA DC PLAN

You will pay a Plan administration fee of \$1.00 per month. Costs apply if you choose to participate in the PERAPlus 401(k)/457 Plans. See coperaplus.org for complete information.

You will also pay a Plan administration asset-based fee of 0.03%. There are no other shareholder-type costs that apply.

Plan administration costs paid by participants are used by PERA for Plan expenses including Plan recordkeeping, custodial services, consulting, and internal PERA administrative expenses.

If you have a Self-Directed Brokerage Account (see page 11), you will pay an annual \$50 Self-Directed Brokerage fee. The Plan administration asset-based fee in the Self-Directed Brokerage Account will be paid directly from your PERAAdvantage fund. Additional trading costs charged by TD Ameritrade may apply.

If you enroll in the Plan's professional management program, you will pay a fee of approximately \$4 per month for every \$10,000 in your account. Fees are proportionately lower for accounts with balances over \$100,000. Professional Management fees are charged in the frequency and manner detailed in the Advisory Services Agreement. Monthly fee examples are for illustrative purposes only.

Fees are subject to change at any time. A complete fee schedule is available on coperaplus.org.

WITHDRAWAL OPTIONS: NOT RETIREMENT ELIGIBLE

PERA DB PLAN

- » When you terminate PERA-covered employment, you may take a refund/rollover of your PERA DB account or you may leave your account at PERA.
- » If you leave your account at PERA when you terminate employment, you can receive a monthly lifetime benefit when you become retirement eligible.
- » You must start required minimum distributions according to IRS guidelines.
- » If you choose to refund/rollover your PERA DB account, you may be eligible for a match on your account balance. Effective January 1, 2011, under the PERA benefit structure, if you have five years of earned service credit and you are not eligible for retirement, you will receive a 50% match on contributions and interest.
- » If you do not have five years of earned service credit and you are not eligible for retirement, you will receive a 50% match on contributions and interest received on or before December 31, 2010, and you will not receive a match on contributions and interest received on or after January 1, 2011.



See the *Refund/Rollover Request forms* for more information.

PERA DC PLAN

- » When you terminate PERA-covered employment, you have several choices regarding the money in your DC Plan account. You may do one of the following with your account:
 - You can leave the money in the Plan.
 - You can request installment payments.
 - You can roll over the balance to another qualified plan, 403(b), governmental 457 plan, or an IRA.
 - You can take the money in cash, called a lump-sum distribution.
 - You may consider using a portion of your account balance to create lifetime income through immediate annuities or a qualified longevity annuity contract (QLAC). For more information contact Empower at 833-4-COPERA (833-426-7372). (Access to the PERACare Health Benefits Program is available if you choose this option. See page 6.)
 - You must start required minimum distributions according to IRS guidelines.
- » If you take a rollover/refund of your account, you will receive 100% of your member contributions and a percentage of your employer contributions based on the PERA DC Plan vesting schedule, plus/minus investment gains/losses and minus fees (see page 7).

► SOCIAL SECURITY

If you are eligible for a Social Security benefit, it may be reduced or even eliminated due to your PERA retirement benefit. This applies to both PERA DB and PERA DC Plan participants. PERA benefits are never reduced when the PERA retiree is also receiving a Social Security benefit. See the *PERA and Social Security* fact sheet for more information.

WITHDRAWAL OPTIONS: RETIREMENT ELIGIBLE

PERA DB PLAN

- » When you terminate PERA-covered employment, you may take a refund/rollover of your PERA DB account or you may leave your account at PERA. If you are retirement eligible when you terminate employment, you may choose to receive a monthly retirement benefit. You may also select an option that pays a lifetime monthly benefit to a cobeneficiary after your death.



See the *Your PERA Benefits* booklet for more information.

- » PERA monthly retirement benefits are payable for your lifetime and that of your cobeneficiary, if you have one selected.
- » After retirement, you may receive an annual increase to your monthly retirement benefit.



See the *Annual Increases* fact sheet for more information.

- » If you take a refund or rollover of your PERA DB account at retirement, you may be eligible for a match on your account balance. If you are eligible for retirement you will receive, at the time of rollover/refund, a 100% match equal to your contributions and interest.



See the *Colorado PERA Retirement Eligibility* fact sheet for more information.

PERA DC PLAN

The same withdrawal options are available to you in the PERA DC Plan whether you are retirement eligible or not. See page 9.

▶ CONSULT A TAX PROFESSIONAL OR FINANCIAL PLANNER

Distribution choices and rules for both the PERA DB and PERA DC Plans are complicated. You are encouraged to speak with your tax professional or financial planner before deciding how to take your distribution.

Note: Lump-sum distributions from the PERA DB and DC Plans will be subject to a 20% federal tax withholding and, if you are younger than age 59½, a 10% early withdrawal penalty may apply. Ordinary income taxes may apply. State and local taxes and withholding may also apply.

PERA DC PLAN INFORMATION

If you choose to participate in the PERA DC Plan, you must set how your future contributions will be invested. Your elections must total 100% in whole percentages or whole dollar increments. If you do not make an investment election, your first contribution will be invested in a Target Retirement Date Fund based on your date of birth and an expected retirement at age 65. You can change your investment election(s) online by logging on to your account through coperaplus.org or by calling 833-4-COPERA (833-426-7372).

PERADVANTAGE INVESTMENT OPTIONS

PERA DC Plan participants may invest in the following funds:

PRIMARY FUNDS

- » PERAdvantage Capital Preservation Fund
- » PERAdvantage Fixed Income Fund
- » PERAdvantage Real Return Fund
- » PERAdvantage U.S. Large Cap Stock Fund
- » PERAdvantage International Stock Fund
- » PERAdvantage U.S. Small and Mid Cap Stock Fund
- » PERAdvantage SRI Fund

TARGET RETIREMENT DATE FUNDS

- » PERAdvantage Income Fund
- » PERAdvantage 2025 Fund
- » PERAdvantage 2030 Fund
- » PERAdvantage 2035 Fund
- » PERAdvantage 2040 Fund
- » PERAdvantage 2045 Fund
- » PERAdvantage 2050 Fund
- » PERAdvantage 2055 Fund
- » PERAdvantage 2060 Fund
- » PERAdvantage 2065 Fund

SELF-DIRECTED BROKERAGE ACCOUNT

For an additional fee, participants can choose investments beyond the funds above, using a Self-Directed Brokerage Account administered by TD Ameritrade. The Self-Directed Brokerage Account allows you to select from numerous mutual funds and/or other types of securities, such as stocks and bonds. More information can be found on coperaplus.org.

DEFAULT INVESTMENT

If you choose the PERA DC Plan and do not select how your contributions will be invested, your money will automatically be placed into a PERAdvantage Target Retirement Date fund based on your date of birth and an expected retirement date. For this purpose, PERA follows industry standard and assumes the expected retirement for all participants is at age 65. (This assumed expected retirement date does not reflect your actual retirement date or in any way affect the day on which you can retire.) Funds will be transferred to the PERAdvantage Target Retirement Date funds according to the table below:

Fund	Date of Birth Range
PERAdvantage Income Fund	December 31, 1957, or earlier
PERAdvantage 2025 Fund	January 1, 1958, to December 31, 1962
PERAdvantage 2030 Fund	January 1, 1963, to December 31, 1967
PERAdvantage 2035 Fund	January 1, 1968, to December 31, 1972
PERAdvantage 2040 Fund	January 1, 1973, to December 31, 1977
PERAdvantage 2045 Fund	January 1, 1978, to December 31, 1982
PERAdvantage 2050 Fund	January 1, 1983, to December 31, 1987
PERAdvantage 2055 Fund	January 1, 1988, to December 31, 1992
PERAdvantage 2060 Fund	January 1, 1993, to December 31, 1997
PERAdvantage 2065 Fund	January 1, 1998, or later

INVESTMENT FUND DETAILS

Each investment option represents a specific asset class and is diversified within that asset class using a selection of underlying investments. For example, if you choose to invest a portion of your contributions in the PERAdvantage U.S. Small and Mid Cap Stock Fund, investments in that fund will generally be in U.S. companies with small and mid market capitalizations. The fund includes an underlying allocation to different investment styles like growth and value, and uses both active and passive investment strategies.

For current information on these funds, including the objective, investment strategy, quarterly returns, and risks, access the Plan website through www.coperaplus.org.

PERADVANTAGE SRI FUND

Assets in this fund are automatically invested in two different categories: active and passive.

Active: TIAA-CREF Core Impact Bond Fund

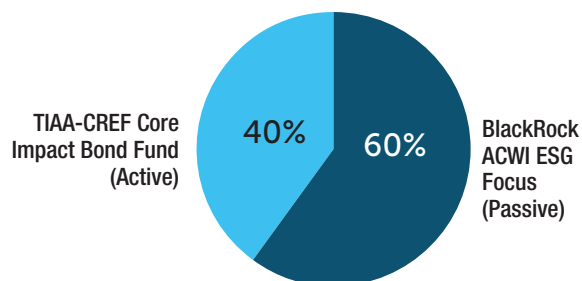
Passive: BlackRock ACWI ESG Focus

Benchmark: SRI Custom Index*

Investment Management Fee: 0.19%

* Currently 60% MSCI ACWI ESG Focus / 40% Bloomberg U.S. Aggregate Bond

FUND MANAGERS



PERADVANTAGE REAL RETURN FUND

Assets in this fund are automatically invested in two different categories: TIPS (Treasury Inflation-Protected Securities) and real assets.

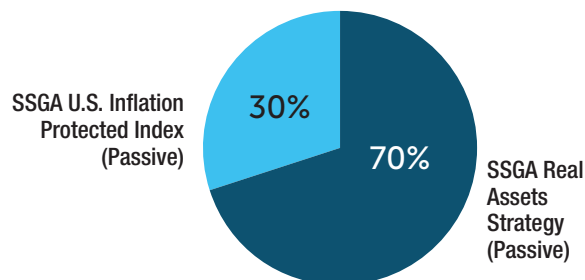
TIPS: SSGA U.S. Inflation Protected Index

Real Assets: SSGA Real Assets Strategy

Benchmark: Real Return Custom Index*

Investment Management Fee: 0.17%

* Currently 70% State Street Real Asset Strategy DC Index / 30% Bloomberg U.S. Treasury Inflation Protected Securities (TIPS) Index



PERADVANTAGE FIXED INCOME FUND

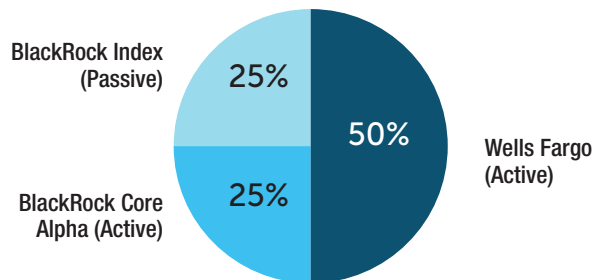
Assets in this fund are automatically invested in two different categories: active and passive.

Active: Wells Fargo, BlackRock Core Alpha

Passive: BlackRock Index

Benchmark: Bloomberg U.S. Aggregate Bond Index

Investment Management Fee: 0.18%

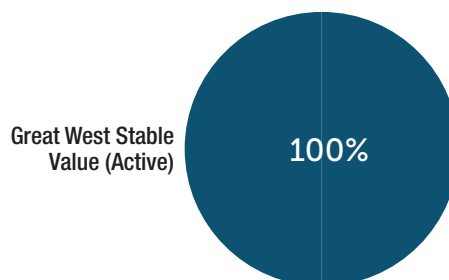


PERADVANTAGE CAPITAL PRESERVATION FUND

Assets in this fund are 100% invested in a Great-West Stable Value Fund.

Benchmark: ICE BofAML U.S. 3-Month Treasury Bill Index

Investment Management Fee: 0.21%



For current information on these funds, including the objective, investment strategy, quarterly returns, risks, and underlying investment managers, access the Plan website through www.coperaplus.org.

PERADVANTAGE U.S. LARGE CAP STOCK FUND

Assets in this fund are automatically invested in two different categories: active and passive.

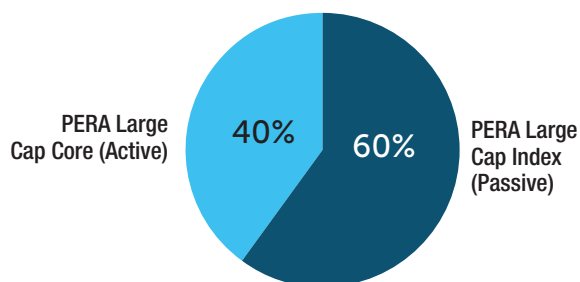
Active: PERA Large Cap Core

Passive: PERA Large Cap Index

Benchmark: MSCI USA Large Cap Index

Investment Management Fee: 0.05%

FUND MANAGERS



PERADVANTAGE U.S. SMALL AND MID CAP STOCK FUND

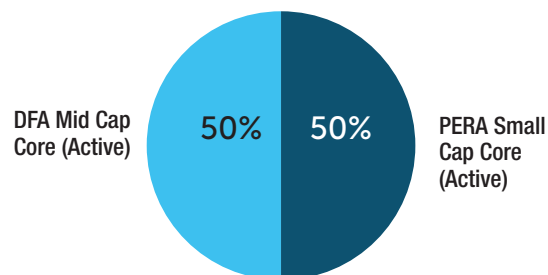
Assets in this fund are actively invested.

Active: DFA Mid Cap Core

Active: PERA Small Cap Core

Benchmark: MSCI USA SMID Cap Index

Investment Management Fee: 0.15%



PERADVANTAGE INTERNATIONAL STOCK FUND

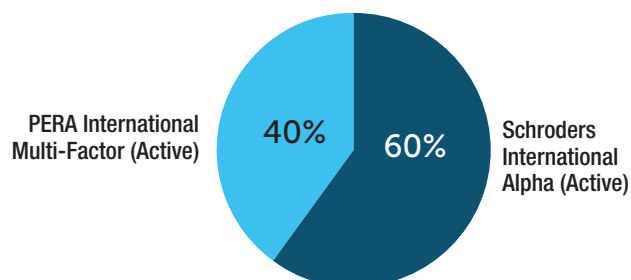
Assets in this fund are actively invested.

Active: PERA International Multi-Factor

Active: Schroders International Alpha

Benchmark: MSCI ACWI Ex-USA Index

Investment Management Fee: 0.26%

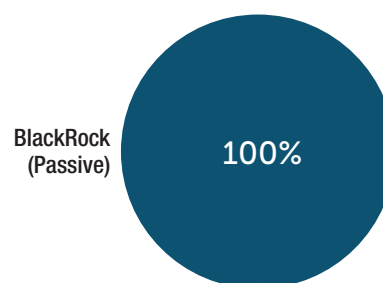


PERADVANTAGE TARGET RETIREMENT DATE FUNDS: PERADVANTAGE INCOME, 2025, 2030, 2035, 2040, 2045, 2050, 2055, 2060, AND 2065 FUNDS

Each fund is 100% comprised of the corresponding BlackRock LifePath® Index Target Retirement Date Fund. These funds grow more conservative as they reach their target retirement date.

Benchmark: Custom blend for each fund weighted in proportion to the fund mix

Investment Management Fee: 0.07%



PERAChoice

ELECTION AND RELEASE FORM

DEAR PERACHOICE MEMBER:

Complete the form on the reverse to choose between the Colorado PERA Defined Benefit (DB) or Defined Contribution (DC) Plans. Both plans are a substitute for Social Security.

You are eligible to choose between Plans if you are:

- » A State of Colorado employee hired on or after January 1, 2006,
- » A community college employee hired on or after January 1, 2008, at one of the institutions listed on page 1 of the *PERAChoice* brochure,
- » A classified college or university employee in the State personnel system hired on or after January 1, 2019, or
- » A Local Government Division employee hired on or after January 1, 2019.

If PERA has received contributions on your behalf from another PERA employer in the last 12 months, you must return to the Plan in which you previously participated. PERA retirees are not eligible to participate. (The term PERA retiree includes retirees of the Denver Public Schools Retirement System who retired prior to January 1, 2010, and PERA retirees under the Denver Public Schools [DPS] benefit structure on or after January 1, 2010.)

NEXT STEPS

Depending on your choice, there are additional forms you will need to complete. All applicable forms are available on PERA's website at www.copera.org and included in the *PERAChoice* brochure.

- » **If you choose the PERA DB Plan:** Complete a *PERA Member Information Form—Defined Benefit Plan(s)* to designate a beneficiary. Return this form to PERA.
- » **If you choose the PERA DC Plan:** Complete the *PERA DC Plan: Beneficiary Designation 401(a) Plan* form to designate a beneficiary. Return this form to Employer at the address noted on the form. You should also determine how your future contributions will be invested by logging on to your account through coperaplus.org or by calling 833-4-COPERA (833-426-7372).

SWITCHING PLANS

If you are eligible for PERAChoice, you have the option to stop participation in the PERA DB Plan and begin participation in the PERA DC Plan, or to stop participation in the PERA DC Plan and begin participation in the PERA DB Plan. This is a one-time option and the change can only be made during the second to fifth year of participation in the Plan.

For more information, refer to the *PERAChoice Years 2–5 Change/Transfer Form*. (PERAChoice members who were previously enrolled in a State DC Plan and were transferred to PERA on July 1, 2009, do not have the option of switching plans.)





PERAChoice Election and Release Form

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

You must submit this form to your human resources office no later than 60 calendar days from your first day of employment. If you do not complete and return this form to your human resources office or Colorado PERA within 60 calendar days from your first day of employment, you will be automatically enrolled in the PERA DB Plan. **If you have made PERA contributions in the last 12 months, you must return to the Plan in which you previously participated.** You may obtain information about each of the plans available to you from PERA or your employer's human resources office. You may call PERA to discuss these plans at 1-800-759-PERA (7372).

Member Information

Name _____
Last First MI
Address _____
Street City State ZIP Code
Birthdate _____ Email Address _____
Daytime Telephone (____) _____ Work Telephone (____) _____
Sign up for electronic delivery of PERA information? Yes ☐ No ☐

Retirement Choice Election

You must choose one of the following:

- ☐ I elect to enroll in the PERA DB Plan. I understand that I may, at a subsequent time, make a one-time irrevocable election to participate in the PERA DC Plan.
- OR**
- ☐ I elect to enroll in the PERA DC Plan. I understand that I may, at a subsequent time, make a one-time irrevocable election to participate in the PERA DB Plan.

Retirement Choice Release

You are not eligible to make an election if you have participated in a PERA Plan in the last 12 months.

I am eligible to make an election to participate in the PERA DB Plan or the PERA DC Plan. I understand that it is my responsibility to coordinate any rollovers I may wish to make from previous retirement accounts to PERA (if applicable). I also understand that I must confirm that my payroll deductions are accurate for the plan I have selected/defaulted into and I will notify my human resources office or PERA of any corrections within 10 days after the month in which the election becomes effective.

Retirement Plan Election. I understand that I am allowed to make an election about my retirement plan only within the first 60 calendar days after my first day of employment. I understand I will have one additional opportunity to elect to transfer to the other PERA Plan during the second to fifth year of active participation (unless I was previously enrolled in a State DC Plan that was transferred to PERA on July 1, 2009). I have read and understand the *PERAChoice* brochure.

Investment of PERA DC Plan. As a participant in the PERA DC Plan, I am responsible for deciding how my Plan account balance will be invested. I understand that my Plan account balance may increase or decrease based on the return on investments that I have selected. The individual investment funds offered under the PERA DC Plan could change in the future. Investment management fees may apply to the investments I select and administrative fees will be deducted from my PERA DC Plan.

Employee Contributions and Distributions. I understand that I must contribute a percentage of my salary to the Plan I select as a condition of participation.

Disability and Survivor Benefits. I understand that if I choose the PERA DC Plan I will not have access to survivor or disability benefits.

Release of All Claims. In consideration for being able to participate in the Plan reflected on this form, I agree to release, hold harmless, and indemnify my employer and the Colorado Public Employees' Retirement Association and its Board of Trustees, and their employees, agents, contractors, successors, and assigns from any and all liability, for any negative consequences, loss, lost opportunity cost, or expense resulting from my election to participate in the Plan reflected on this form.

Sign Here →

Member Signature _____ Date _____

For Payroll/Personnel Use Only

Employer Name: _____ Employer Number: _____
Employee Status (FT, PT, Temp): _____ Date of Hire: _____
Date Election Form Received: _____ Screen Entry Date: _____
Entered By (print name): _____ Telephone Number: _____

Member Information Form— DEFINED BENEFIT PLAN(S)

This form provides information to Colorado PERA in order to set up your PERA Defined Benefit (DB) Plan account if you are a new PERA member. This form can also be used to update personal information already on file with PERA.

If you are a retiree who is currently receiving a monthly benefit, do not complete this form. PERA will not update your account based on this form for beneficiary changes, please complete a *Retiree Named Beneficiary Change Form* and return it to PERA.

In addition, if you are a retiree returning to work for a PERA employer, please complete and return the *Retiree Working for a PERA Employer Form*, which can be found in the *Working After Retirement* booklet.

NEW MEMBERS

Upon receipt of the attached form, PERA will establish a DB Plan account for you.

Being a PERA member means that while you're working, a percentage of your paycheck will automatically go into your retirement account. Your employer also contributes to PERA. We then invest those dollars on your behalf. When you retire, you will get money from PERA every month for the rest of your life, or you can take those dollars with you if you leave this job before retirement.

Please complete this form and return it to your personnel office. See www.copera.org for current contribution rates and more information about your PERA benefits.

CHANGING INFORMATION

If you are changing information already on file with PERA, send the form to PERA and provide your employer with a copy. Changes made on this form take effect upon receipt of the completed form at PERA.

If you have changed your name since sending your initial *Member Information Form*, PERA also requires a new copy of your signed Social Security card.

To change your address, phone number, email, or to sign up for electronic delivery of PERA information, log into your PERA account on www.copera.org with your User ID and password. You may also call PERA's Customer Service Center at 1-800-759-7372.

Changing PERA Life Insurance, PERAPLus 401(k) and 457 Plans, or PERADC Plan Information

- » If you are enrolled in PERA-sponsored life insurance and have changed employers, notify your new employer to deduct your life insurance premium. If you want to change your life insurance beneficiary(ies), call Unum toll-free at 1-866-277-1649 or go to PERA's website at www.copera.org and log into your account using your User ID and password and select "Life Insurance" under the "Account Home" menu.
- » If you have a PERAPLus 401(k)/457 Plan, or PERA DC Plan account, and need to change your name, address, or phone number, complete the *PERA Account(s) Address Change Form*. If you need to make beneficiary changes to your PERAPLus 401(k)/457 Plan, or PERA DC Plan, complete the respective *PERAPLus 401(k)*, *PERAPLus 457*, or *PERA DC Plan Beneficiary Designation* form. You can obtain the forms online at www.coperaplus.org or by calling 1-833-4-COPERA (833-436-7372). You can also make beneficiary changes by logging into your account at Empower using your User ID and password, and navigating to the plan you wish to update on the right side of the screen. From there, select "Beneficiaries" under the "Account Overview" menu and follow the prompts to add or update your beneficiary information. Beneficiary information will need to be updated across each plan separately.
- » If you have a PERAPLus 401(k) Plan account and are transferring from or are currently employed by another PERA employer and actively contributing, notify your new employer's payroll office so that contributions may continue through your new employer.

MEMBER INFORMATION FORM—DEFINED BENEFIT PLAN(S) INSTRUCTIONS

Please read all of the following information before completing the form beginning on page 3:

- » Type or print in black ink and sign the form. Please do not send photocopies of the form or staple, tape, or glue items to it.
- » As a result of the merger between PERA and the Denver Public Schools Retirement System (DPSRS), you may have two DB Plan accounts with PERA—one under the PERA benefit structure and one under the DPS benefit structure. If you have two DB Plan accounts, changes under the “Member Information” section will be made to both DB Plan accounts (if applicable).
- » If you need to list additional named beneficiaries, complete the “Additional Named Beneficiaries” section on page 4. Be sure to also sign page 4 or your beneficiaries will not be added/changed. If you need to add more beneficiaries than space allows on page 4, please attach a separate sheet with the type of beneficiary (primary or contingent), name(s), relationships, Social Security numbers, birthdates, addresses, and your signature. This page must be signed or your beneficiaries will not be added/changed.

If you complete any beneficiary information on the form and submit the form to PERA, you are canceling and replacing all of your previously named beneficiaries. If you want to continue any previous designations, you must fully name all named beneficiaries on the form or on a separate list submitted with the form.

Named Beneficiary Information

If you have a DB Plan account in both the PERA and DPS benefit structures, use the check boxes on the form to indicate if your requested beneficiary changes apply to one or both of your DB Plan accounts. If you do not check a box, the beneficiary changes will be made to both DB Plan accounts (if applicable). Any change in marital or civil union status, including divorce, annulment, or any dissolution or declaration of invalidity of your marriage, does not nullify your designation of a named beneficiary.

Beneficiary Definitions:

- » **Primary Beneficiary**—beneficiary to receive payment. If you have more than one primary beneficiary, payment will be divided equally among all primary beneficiaries.
- » **Contingent Beneficiary**—person to receive payment if your primary beneficiary(ies) is deceased. If you list more than one contingent beneficiary, payment will be divided equally among them.

Survivor Benefit Information

If you have more than one year of service under the PERA benefit structure or more than five years under the DPS benefit structure, state law specifies who receives monthly benefits after you die. Survivor benefits are different under the PERA and DPS benefit structure DB Plan accounts; see the *Survivor Benefits* booklet for detailed information.



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 PERA Member ☐ Changing PERA Information (Complete any information you are changing and sign.)

Name _____
Last First MI Former Name

Birthdate ____/____/____ Sex: ☐ Female ☐ Male ☐ Unspecified
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

Complete this section to list the primary and contingent named beneficiary(ies) of your PERA DB Plan account(s).

If you have additional named beneficiaries, complete the page on the reverse.

Note: Your designation can only be changed by you. Your divorce, annulment, or any dissolution or declaration of invalidity of your marriage WILL NOT revoke the beneficiary named below as your designated beneficiary unless you revoke the designation by submitting a new form. Colorado Revised Statute § 15-11-804 does not act to revoke a spouse's designation as a beneficiary.

Beneficiary for: ☐ 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 designation 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 _____



Member Information Form—Defined Benefit Plan(s) (continued)

Colorado Public Employees' Retirement Association

PO Box 5800, Denver, Colorado 80217-5800

1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org

Your Name _____ Your SSN _____

Additional Named Beneficiaries

Complete this section only if you have additional primary and contingent named beneficiaries.

See page 2 for primary and contingent named beneficiary definitions.

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 _____

(If including additional named beneficiaries above)

The PERA DC Plan

100192-01

For My Information

- For questions regarding this form, visit the website at coperaplus.org or contact Service Provider at 1-833-426-7372.
- Use black or blue ink when completing this form.

A Participant Information

Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension _____

			-			-				
--	--	--	---	--	--	---	--	--	--	--

Social Security Number (Must provide all 9 digits)

Last Name

First Name

M.I.

Date of Birth

(The name provided MUST match the name on file with Service Provider.)

()

Daytime Phone Number

Email Address

()

Alternate Phone Number

☐ Married ☐ Unmarried

B Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)

Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)

- See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

%		/ /
% of Account Balance	Primary Beneficiary Name (Name of Individual, Trust, Charity, etc.)	Date of Birth or Trust Date

Street Address ()	City	State	Zip Code
Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

%		/ /
% of Account Balance	Primary Beneficiary Name (Name of Individual, Trust, Charity, etc.)	Date of Birth or Trust Date

Street Address ()	City	State	Zip Code
Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

%		/ /
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Street Address ()	City	State	Zip Code
Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)

%		/ /
% of Account Balance	Contingent Beneficiary Name (Name of Individual, Trust, Charity, etc.)	Date of Birth or Trust Date

Street Address ()	City	State	Zip Code
Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

B	Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>																																																																
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Subject to the terms of the Plan, I am making the above beneficiary designations for my vested account in the event of my death. I acknowledge and agree that it is my responsibility to monitor the beneficiary designations in my account and to update the beneficiary designations as I deem necessary upon a change in marital status, death of a beneficiary or any other change that may impact my beneficiary designations.</p> <p>If I have more than one primary beneficiary, the account will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary, as specified. If a contingent beneficiary predeceases me, his or her benefit will be allocated to the surviving contingent beneficiaries. If I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan or applicable law. This designation is effective upon execution and delivery to Service Provider. If any information is missing, additional information may be required prior to recording my designation.</p> <p>This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100%. The percentages can be divided up to two decimal points (Example: 33.33%).</p> <p>I understand that my divorce, annulment, or any dissolution or declaration of invalidity of my marriage will NOT revoke the beneficiary named above unless I revoke the designation by submitting a beneficiary designation. Colorado Revised Statute section 15-11-804 does not act to revoke a spouse's designation as a beneficiary in this plan.</p> <p>Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.</p> <p>Participant Signature _____ Date (Required) _____</p> <p><i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i></p> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> D Delivery Instructions </td> </tr> <tr> <td colspan="2" style="padding: 10px;"> <p>After all signatures have been obtained, this form can be</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> Uploaded Electronically: Login to account at coperaplus.org Click on Upload Documents to submit We will not accept hand delivered forms at Express Mail addresses. </td> <td style="width: 33%; vertical-align: top; text-align: center;"> OR Sent Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-3764 </td> <td style="width: 33%; vertical-align: top; text-align: center;"> OR Sent Express Mail to: Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111 </td> </tr> </table> </td> </tr> </table>		%		/ /	% of Account Balance	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Date of Birth or Trust Date	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Street Address ()</td> <td style="width: 20%;">City</td> <td style="width: 20%;">State</td> <td style="width: 30%;">Zip Code</td> </tr> <tr> <td colspan="4">Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i></td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other </td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Domestic Partner</td> </tr> </table>			Street Address ()	City	State	Zip Code	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>				<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other				<input type="checkbox"/> Domestic Partner				<table border="0" style="width: 100%;"> <tr> <td style="width: 15%; text-align: center;">%</td> <td style="width: 60%;"></td> <td style="width: 25%; text-align: center;">/ /</td> </tr> <tr> <td>% of Account Balance</td> <td>Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i></td> <td>Date of Birth or Trust Date</td> </tr> <tr> <td colspan="3" style="border-top: 1px solid black; padding-top: 10px;"> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Street Address ()</td> <td style="width: 20%;">City</td> <td style="width: 20%;">State</td> <td style="width: 30%;">Zip Code</td> </tr> <tr> <td colspan="4">Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i></td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other </td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Domestic Partner</td> </tr> </table> </td> </tr> </table>			%		/ /	% of Account Balance	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Date of Birth or Trust Date	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Street Address ()</td> <td style="width: 20%;">City</td> <td style="width: 20%;">State</td> <td style="width: 30%;">Zip Code</td> </tr> <tr> <td colspan="4">Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i></td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other </td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Domestic Partner</td> </tr> </table>			Street Address ()	City	State	Zip Code	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>				<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other				<input type="checkbox"/> Domestic Partner				C Participant Consent for Beneficiary Designation <i>(Please sign on the 'Participant Signature' line below.)</i>		<p>I have completed, understand and agree to all pages of this Beneficiary Designation form. 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This designation is effective upon execution and delivery to Service Provider. If any information is missing, additional information may be required prior to recording my designation.</p> <p>This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100%. The percentages can be divided up to two decimal points (Example: 33.33%).</p> <p>I understand that my divorce, annulment, or any dissolution or declaration of invalidity of my marriage will NOT revoke the beneficiary named above unless I revoke the designation by submitting a beneficiary designation. Colorado Revised Statute section 15-11-804 does not act to revoke a spouse's designation as a beneficiary in this plan.</p> <p>Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.</p> <p>Participant Signature _____ Date (Required) _____</p> <p><i>A handwritten signature is required on this form. 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<p>I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to the terms of the Plan, I am making the above beneficiary designations for my vested account in the event of my death. I acknowledge and agree that it is my responsibility to monitor the beneficiary designations in my account and to update the beneficiary designations as I deem necessary upon a change in marital status, death of a beneficiary or any other change that may impact my beneficiary designations.</p> <p>If I have more than one primary beneficiary, the account will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary, as specified. If a contingent beneficiary predeceases me, his or her benefit will be allocated to the surviving contingent beneficiaries. If I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan or applicable law. This designation is effective upon execution and delivery to Service Provider. If any information is missing, additional information may be required prior to recording my designation.</p> <p>This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100%. The percentages can be divided up to two decimal points (Example: 33.33%).</p> <p>I understand that my divorce, annulment, or any dissolution or declaration of invalidity of my marriage will NOT revoke the beneficiary named above unless I revoke the designation by submitting a beneficiary designation. Colorado Revised Statute section 15-11-804 does not act to revoke a spouse's designation as a beneficiary in this plan.</p> <p>Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.</p> <p>Participant Signature _____ Date (Required) _____</p> <p><i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i></p>																																																																	
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EXAMPLE BENEFICIARY DESIGNATIONS

Example 1: Multiple Individuals as Beneficiaries

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
<ul style="list-style-type: none"> See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate. 			
33.33 %	John M. Doe	01/06/1954	
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Date of Birth or Trust Date	
111 Elm Street	Anytown	MO	60000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		
33.33 %	Don M. Doe	01/06/1954	
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Date of Birth or Trust Date	
222 North Avenue	Anytown	CA	90000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		
33.34 %	Michelle L. Doe	01/06/1957	
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Date of Birth or Trust Date	
333 West Blvd	Anytown	CO	80000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

Example 2: Trust as Beneficiary

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
<ul style="list-style-type: none"> See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate. 			
100 %	Trust of Jane Doe	06/30/2015	
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Date of Birth or Trust Date	
150 Main Street	Anytown	MO	60000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input checked="" type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

Example 3: Estate as Beneficiary

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
<ul style="list-style-type: none"> See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate. 			
100 %	Estate of Anne Doe	/ /	
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Date of Birth or Trust Date	
45 East Road	Anytown	MO	60000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input checked="" type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

This page is for informational purposes only - Do not return with the Beneficiary Designation form
EXAMPLE BENEFICIARY DESIGNATIONS

Example 4: Charity as Beneficiary

B	Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>		
	Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>		
	<ul style="list-style-type: none"> See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate. 		
	100 %	ABC Charity	/ /
	% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Date of Birth or Trust Date
	75 South Place	Anytown	CO
	Street Address	City	State
	(XXX) XXX-XXXX		80000
	Phone Number <i>(Optional)</i>	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>	
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input checked="" type="checkbox"/> Other	
		<input type="checkbox"/> Domestic Partner	

Contact PERA



copera.org (PERA's website)
coperaplus.org (PERAPlus
401(k)/457 and DC Plans' website)



For the PERA DB Plan:
Call PERA's Customer Service
Center at 1-800-759-7372.

For the PERA DC Plan:
Call Empower at 833-4-COPERA
(833-426-7372)



PERA offices:
Denver
Lone Tree
Westminster



Forms and publications can be
found on the PERA website. Copies
can also be requested by calling
PERA's Customer Service Center.

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