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Member Information Form

Colorado Public Employees' Retirement Association PO Box 5800, Denver, Colorado: 80217-5800 303-832-9550 or 1-800-759-PERA (7372) • Fax: 303-863-3727 www.copera.org



Read the reverse side before completing this form. Type or print in black ink, and sign below. Please do not send photocopies of this form or staple, tape, or glue items to it. If you are a new member, give the form to your personnel office to send to PERA. If you are changing information PERA has on file, send it to PERA and provide your employer with a copy. Changes made on this form take effect upon receipt of the completed form at PERA. Do not complete this form if you are a PERA retiree or need to change your PERA-sponsored life insurance or 401(k) Plan beneficiary(ies), or your PERA Defined Contribution Plan name, address, phone number, or beneficiary(ies). (See "To Members Changing Information" on reverse.)

New Member	☐ Changing Co	forado PERA Info	rmation (Fill in	name and any	information y	ou are changin	ig and sign	1.)
Member								
	Last Name		st Name		Middle Name	V25 (V2)	Former	Name
Birthdate	Sex:	□ Male □ Female	Home Telephone ()		Work Telephone		
Aailing Address								
	Street, Route, or Box I	Number, and Apt. Num	bes		City		State	ZIP Code
pouse					Spouse	's Birthdate		
Last Nan	ne	First Na	me .	Middle Name				Month/Day/Year
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