



401(k) Contribution Authorization Form

1-800-759-7372
www.copera.org

DO NOT SEND THIS FORM TO VOYA FINANCIAL OR PERA

Fax this form to Employee Services at 303-860-4299. Enrollment and changes received by the 10th of the month will be effective that month.

PARTICIPANT INFORMATION			
Participant Name		Social Security Number	
Home Address	City	State	ZIP Code
Work Telephone Number ()	Email Address		

I request that the following contribution(s) be deducted from my salary per period (whole percentages or whole dollars only):

____ % or \$ _____ pre-tax contribution

____ % or \$ _____ Roth* (tax-paid) contribution

** Roth contributions are only available if your employer has adopted the Roth option. Please check with your payroll office.*

The maximum combined pre-tax and Roth contribution amount cannot exceed the lesser of 100 percent of your compensation or the annual IRS limit (see the Plan website), plus any allowed catch-up contribution.

AUTHORIZATION	
Signature of Participant	Date