

401(k) Contribution Authorization Form

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

DO NOT SEND THIS FORM TO VOYA FINANCIAL OR PERA. (Roth option is not available for CU employees at this time)

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

PARTICIPANT INFORMATION Participant Name	Social Secu	Social Security Number		
		Coolar Coounty Training		
Home Address	City	State	ZIP Code	
Work Telephone Number ()	Email Address	•		
I request that the following contribution only):	on(s) be deducted from my salary per p	eriod (whole percentage	es or whole dollar	
% or \$pre-tax contribu	ution			
% or \$Roth* (tax-paid)) contribution. (Roth option is not avai	ilable for CU employed	es at this time)	
* Roth contributions are only available if yoffice.	our employer has adopted the Roth option	. Please check with your p	payroll	
The maximum combined pre-tax and F your compensation or the annual IRS li		•		
AUTHORIZATION				
Signature of Participant		Date		