



Authorization to Release Financial Information in a Divorce Matter

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

Complete and sign this form and send to Colorado PERA at the address above. Execution of this form does not authorize release of information other than that specifically described below. Personal health information can only be released with completion of the *Authorization to Use and/or Disclose Personal Health Information (PHI)* form.

PERA Participant

Name _____
Last First MI
Social Security Number _____ Date of Birth _____
Month/Day/Year
Email Address _____

Release Information To

Please use separate forms for additional entries

Complete the following information for the entity (company or organization) or individual to whom information is to be released.

I request and authorize the Colorado Public Employees' Retirement Association (PERA) to release the information specified below to the entity or individual named on this *Authorization*. If I want to release personal health information, I will complete a separate *Authorization to Use and/or Disclose Personal Health Information (PHI)* form.

Name _____
Last First MI
Address _____
Street City State ZIP Code
Telephone Number () _____

Information Requested

Check all that apply:

PERA Benefit Structure

- Participant's account balance
- Participant's retirement estimates
- Participant's beneficiary/cobeneficiary information
- Participant's monthly benefit amount
- Participant's monthly benefit history
- Other (specify): _____

Denver Public Schools (DPS) Benefit Structure

- Participant's account balance
- Participant's retirement estimates
- Participant's beneficiary/cobeneficiary information
- Participant's monthly benefit amount
- Participant's monthly benefit history
- Other (specify): _____

PERAPlus

- Participant's PERAPlus 401(k) Plan balance and beneficiary
- Participant's PERAPlus 457 Plan balance and beneficiary

Defined Contribution (DC)

- Participant's PERA DC Plan balance and beneficiary

Information Time Period

Documents to be released are related to the period specified below:

Limited to the following beginning and ending date(s): _____

Information Purpose/Need

Purpose(s) or need(s) for which information is to be used:

- Determination of marital property interest
- Other (specify): _____

(Continued on reverse)



Authorization to Release Financial Information in a Divorce Matter (continued)

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Authorization

I certify that this request has been made voluntarily and that the information given on this form is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken to comply with it. Redisclosure of the information released pursuant to this authorization by those receiving the included authorized information may not be accomplished without my further written consent. This consent will automatically expire 1 year from the date executed by participant, or earlier if indicated below (check box that applies):

Authorization will expire:

- On _____; or
- If revoked in writing by Participant; or
- 180 days from the date hereof; or
- Under the following condition(s): _____

Signature Certification

Sign Here → Signature of Participant _____
Participant

Dated this _____ day of _____, _____.

If the Participant is unable to sign this *Authorization to Release Financial Information in a Divorce Matter* form for any reason, you may put an "X" in the Signature of Participant line and have two witnesses who are not related to the PERA participant sign below.

Sign Here → Signature of Witness (other than family member) _____
Witness

Dated this _____ day of _____, _____.

Sign Here → Signature of Witness (other than family member) _____
Witness

Dated this _____ day of _____, _____.

Mail to: Colorado Public Employees' Retirement Association
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