COLORADO PERA

Denver Public Schools (DPS)
Benefit Structure Retirement Application

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

Your SSN ___ ___ ___ ___ ___ ___ ___ ___ ___

Please read the *Retirement Process* booklet before completing this form and send the completed form to Colorado PERA 90 days before your retirement date. This form may also be completed online by logging in to your account with your User ID and password.

Member Information

☐ Check if your address is new

Name _____
Last First MI

Address _____
Street, Route, or Box Number City State ZIP Code

Birthdate _____ ☐ Home Number ☐ Cell Number ( ) _____

Email Address _____

Sign up for electronic delivery of PERA information? ☐ Yes ☐ No

Employer _____ Position _____

Spouse's Name _____ Spouse's Birthdate _____

Retirement Date

Your retirement date is the first day of the month after your last day on the job, last day of any leave used, or the latest date of termination from all your PERA-covered employment, whichever is later.

_____ 1, _____
Month Year

☐ If I am eligible for a date earlier than the one provided here, I elect to have the earliest possible retirement date.

(If the above box is not checked, your retirement date will be set as the date you elected.)

Benefit Option Selection

Choose only one Option, complete the requested information, and sign at the bottom. To designate your estate, trust, or charity as your named beneficiary, print "estate" or the name of the trust or charity, followed by the name of the executor/trustee in the blank provided for "Named/Option B Beneficiary" or "Named Beneficiary." To designate more than one person as a named beneficiary or Option B beneficiary, see the reverse side to list additional named or Option B beneficiaries. Submitting this form cancels and replaces all of your previous beneficiary designations. To continue any previous beneficiary designations, you must fully list all Named or Option B beneficiaries on this form.

If you elect Option A or B, indicate your named beneficiary/Option B beneficiary below.

See the reverse side for definitions of Option A, Option B, Named Beneficiary, and Option B Beneficiary

☐ **Option A** ☐ **Option B**

Named/Option B Beneficiary _____ SSN _____

Address _____
Street, Route, or Box Number City State ZIP Code

If you elect Option P2 or P3, indicate your cobeneficiary and named beneficiary below. To designate more than one person as a named beneficiary, see the reverse side to list additional named beneficiaries. Your cobeneficiary cannot be the same as your named beneficiary because your named beneficiary will only receive a lump-sum payment of any remaining Defined Benefit (DB) Plan account balance in the event that you and your cobeneficiary die. If you choose Option P3 and name someone other than your spouse who is more than 10 years younger than you as your cobeneficiary, the amount that continues to your cobeneficiary at your death could be limited in accordance with percentages required by the Internal Revenue Code regulations.

See the reverse side for definitions of Options P2 and P3 and Cobeneficiary

☐ Option P2 ☐ Option P3 Is your cobeneficiary your spouse? ☐ Yes ☐ No

Cobeneficiary _____ SSN _____

Birthdate _____ Cobeneficiary is: ☐ an individual ☐ a Supplemental Needs Trust
mm/dd/yyyy

Cobeneficiary Address _____
Street, Route, or Box Number City State ZIP Code

Named Beneficiary _____ SSN _____

Address _____
Street, Route, or Box Number City State ZIP Code

Sign Here ➔ **Member Signature** _____ **Date** _____

(Continued on reverse)

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Your Name _____ **SSN** _____

Additional Named Beneficiaries

Your remaining DB Plan account (if any) will be divided equally among all of your named beneficiaries after your death

Complete this section if you want to list more than one beneficiary. **You must sign and date below or your additional named beneficiaries will not be valid.**

Named Beneficiary _____ SSN _____

Address _____
Street, Route, or Box Number City State ZIP Code

Named Beneficiary _____ SSN _____

Address _____
Street, Route, or Box Number City State ZIP Code

Named Beneficiary _____ SSN _____

Address _____
Street, Route, or Box Number City State ZIP Code

Additional Option B Beneficiaries

Complete this section if you want to list more than one Option B beneficiary. **You must sign and date below or your additional Option B beneficiaries will not be valid.**

Option B Beneficiary _____ SSN _____

Address _____
Street, Route, or Box Number City State ZIP Code

Option B Beneficiary _____ SSN _____

Address _____
Street, Route, or Box Number City State ZIP Code

Option B Beneficiary _____ SSN _____

Address _____
Street, Route, or Box Number City State ZIP Code

Definition of Terms

Option A: This option provides you with a lifetime monthly benefit. Following your death, a single payment of any remaining balance in your DB Plan account, without a match, will be made to your named beneficiary, or your estate if no named beneficiary exists. No further monthly benefits are payable.

Option B: This option provides you with a lifetime monthly benefit. As part of the retirement calculation, your DB Plan account is annuitized to determine the guarantee payment period. If you die before the end of the guarantee period, your Option B beneficiary(ies) will receive your remaining monthly payments through the end of the guarantee period. If your Option B beneficiary(ies) receives a benefit after your death and dies before the end of the guarantee period, a single payment will be paid to the estate of the deceased beneficiary. If your Option B beneficiary(ies) predeceases you, you do not name any additional Option B beneficiary(ies), and you die before the end of the guarantee period, a single payment will be made to your estate. No further monthly benefits are payable.

Option P2: This option provides you with a lifetime monthly benefit. Following your death, your cobeneficiary will receive a lifetime monthly benefit equal to one-half of your benefit at the time of your death. If there is a DB Plan account balance remaining after the death of your cobeneficiary, a single payment of any remaining balance in your DB Plan account, without a match, will be made to your named beneficiary, or your cobeneficiary's estate if no named beneficiary exists. No further monthly benefits are payable.

Option P3: This option provides you with a lifetime monthly benefit. Following your death, your cobeneficiary will receive a lifetime monthly benefit equal to the monthly benefit you were receiving at the time of your death. If there is a DB Plan account balance remaining after the death of your cobeneficiary, a single payment of any remaining balance in your DB Plan account, without a match, will be made to your named beneficiary, or your cobeneficiary's estate if no named beneficiary exists. No further monthly benefits are payable. If you name someone other than your spouse who is more than 10 years younger than you as your cobeneficiary, the amount that continues to your cobeneficiary at your death could be limited in accordance with percentages required by the Internal Revenue Code (IRC) regulations. For information about the percentages, please call PERA's Customer Service Center.

Cobeneficiary (Co-annuitant): The person you designate under DPS benefit structure Options P2 and P3 to receive a continuing monthly benefit after your death. You may name only one cobeneficiary and your selection is irrevocable unless certain conditions apply. See the *Changing Your Cobeneficiary or Benefit Option* booklet for more information.

Named Beneficiary: The person(s) or entity you designate to receive a lump-sum payment of any remaining moneys credited after all monthly benefits have been paid to you and your cobeneficiary (if a cobeneficiary has been named) if you choose an Option A, P2, or P3 benefit.

Option B Beneficiary(ies): The person(s) designated under Option B to receive the remainder of monthly benefits should you die before the end of the guaranteed period of payments.

Sign Here ➔ Signature _____ Date _____