



401(k) Contribution Authorization Form

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

DO NOT SEND THIS FORM TO ING OR PERA

Deliver this form to your payroll office; make copies for any other employers who will be deducting 401(k) contributions.

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

I request a PERAPlus 401(k) Plan monthly contribution of either _____% or \$_____ to be deducted from my pay.

This amount must not exceed the lesser of 100 percent of IRS test compensation or the annual IRS limit (see page 3), plus any allowed catch-up contribution.

AUTHORIZATION	
Signature of Participant	Date