



401(k) Contribution Authorization Form

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

DO NOT SEND THIS FORM TO VOYA FINANCIAL OR PERA

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

If your employer offers online enrollment, do not fill out this form.

| 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 pay 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 |