



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.

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 period (whole percentages or whole dollars only):

_____ % or \$_____ pre-tax contribution

Fixed amount \$_____ 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