



# 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

\_\_\_\_\_ % 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