



Direct Deposit by Electronic Funds Transfer (EFT) for Minors

Colorado Public Employees' Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
1-800-759-PERA (7372) • Fax: 303-863-3727 • copera.org



Minor SSN

Deceased Member SSN

Minor Information

Name _____
Last First MI

Address _____
Street City State ZIP Code

Email Address _____ Phone Number (____) _____

Signature Certification

I authorize the financial institution to provide PERA with any and all information needed to initiate or modify the direct deposit of the monthly benefit payment. Such information may include, but is not limited to, the name on the account, the account number, and the routing number. I understand that a photocopy of this authorization shall be as valid as the original and any information obtained by PERA will be used for the sole purpose of initiating or modifying the electronic transfer of the monthly benefit payment.

I understand that PERA will make deposits to a personal checking, savings, or Uniform Transfers to Minors Act (UTMA) account, but not to a trust, managed fund, brokerage account, foreign institution, or any institution that is not part of the Federal Reserve. If PERA determines that this account is invalid due to the account holder or account type, I understand PERA must immediately discontinue deposit to the account. Furthermore, I understand I may cancel this authorization at any time by notifying PERA in writing, and that such change will become effective after PERA receives the notification and has a reasonable opportunity to act on it. Any future changes must be received at PERA by the 15th of the month to be effective for that month. I further understand that if this benefit is greater than the current federal gift tax exclusion amount, it must be deposited into a custodial UTMA account as defined under the "Colorado Uniform Transfers to Minors Act" per article 50 of the title 11, C.R.S.

Sign Here →

Parent/Guardian/Conservator Signature _____ Date _____

Financial Institution Account Information

Information for your bank/financial institution to complete

Have your bank complete the following information and sign below:

Minor Child (Owner) _____

Custodian _____ Phone Number (____) _____

Financial Institution Address _____
Street City State ZIP Code

Is this a Uniform Transfers to Minors Act (UTMA) account? Yes No

Checking Account Savings Account

Routing Number (9 numbers)

Account Number (maximum 17 numbers)

To be completed by financial institution: I confirm the identity of the above-named payee and the account number. I also certify that the account above is a personal checking or savings account and that as a representative of the above-named financial institution, I certify the financial institution agrees to receive and deposit the payment identified above.

Sign Here →
Financial Institution

Signature of Representative _____ Phone Number (____) _____

Print Representative's Name _____ Date _____

