



Limited Power of Attorney

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

Power of Attorney

Through this document, which is intended to constitute a *Limited Power of Attorney*,

I, _____, a resident of _____,
Name of Member or Benefit Recipient Street Address, Route/Box No.
City of _____, County of _____, State of _____,
ZIP code _____, do hereby grant _____,
Agent (Person Granted Power of Attorney)
of _____, City of _____,
Street Address, Route/Box No.
County of _____, State of _____, ZIP code _____,

the authority as my Agent to act for me with respect to the following:

1. To receive, endorse, deposit, cash, or otherwise negotiate checks issued to me by Colorado Public Employees' Retirement Association (PERA);
2. To change the address to which my benefit checks or correspondence are sent, including the power to authorize or change direct deposit;
3. To provide information to PERA regarding federal income tax withholding and to receive information to facilitate the filing of my tax returns and;
4. To make inquiries and receive information about my account(s); including my PERA Defined Benefit (DB) Plan account(s), PERAplus accounts, PERA Defined Contribution (DC) Plan account, and/or PERA health insurance coverage.

This *Limited Power of Attorney* does not grant any authorities that are required by statute to be expressly detailed such as the authority to name or change a beneficiary, request a distribution, or apply for retirement benefits.

The authority granted herein is effective immediately upon due execution and shall not be affected by my incapacity. Such authority shall remain in force until my death or until such time that I file written revocation with PERA. Any action taken in good faith pursuant to the foregoing authority without actual knowledge of my death or revocation shall be binding upon me, my heirs, and personal representatives. My Agent must use due care to act for my benefit and in accordance with the provisions of this form and the Agent's duties set forth in C.R.S. § 15-14-714.

I have signed this *Limited Power of Attorney* on this _____ day of _____, 20 _____, and direct that copies of this document shall have the same force as the original.

Sign Here →

Signature of Member or Benefit Recipient

Signature of Agent

Social Security Number of Member or Benefit Recipient

Notary Public

State of Colorado

County of _____

Signed before me on _____, 20 _____

by _____.
(Name of Member or Benefit Recipient)

(Notary's Official Signature)

(Commission Expiration)

↑ Seal/Stamp ↑