



Authorization to Release Financial Information in a Divorce Matter

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

Complete and sign this form and send to Colorado PERA at the address above. Execution of this form does not authorize release of information other than that specifically described below. Personal health information can only be released with completion of the *Authorization to Use and/or Disclose Personal Health Information (PHI)* form.

PERA Participant

Name _____
Last First MI

Social Security Number _____ Date of Birth _____
Month/Day/Year

Email Address _____

Release Information To

Please use separate forms for additional entries

Complete the following information for the entity (company or organization) or individual to whom information is to be released.

I request and authorize the Colorado Public Employees' Retirement Association (PERA) to release the information specified below to the entity or individual named on this *Authorization*. If I want to release personal health information, I will complete a separate *Authorization to Use and/or Disclose Personal Health Information (PHI)* form.

Name Johnson Maurice A.
Last First MI

Address 7500 E. Arapahoe Road, Suite 396 Centennial, CO 80112
Street City State ZIP Code

Telephone Number (303) 804-9898; Fax 1-303-804-9899; Email maj@qdroplan.com

Information Requested

Check all that apply:

<p>PERA Benefit Structure</p> <p><input checked="" type="checkbox"/> Participant's account balance</p> <p><input checked="" type="checkbox"/> Participant's retirement estimates</p> <p><input checked="" type="checkbox"/> Participant's beneficiary/cobeneficiary information</p> <p><input checked="" type="checkbox"/> Participant's monthly benefit amount</p> <p><input checked="" type="checkbox"/> Participant's monthly benefit history</p> <p><input checked="" type="checkbox"/> Other (specify): <u>As needed to do DRO and Agreement.</u></p>	<p>Denver Public Schools (DPS) Benefit Structure</p> <p><input checked="" type="checkbox"/> Participant's account balance</p> <p><input checked="" type="checkbox"/> Participant's retirement estimates</p> <p><input checked="" type="checkbox"/> Participant's beneficiary/cobeneficiary information</p> <p><input checked="" type="checkbox"/> Participant's monthly benefit amount</p> <p><input checked="" type="checkbox"/> Participant's monthly benefit history</p> <p><input checked="" type="checkbox"/> Other (specify): <u>As needed to do DRO and Agreement</u></p>
<p>PERAPlus</p> <p><input checked="" type="checkbox"/> Participant's PERAPlus 401(k) Plan balance and beneficiary</p> <p><input checked="" type="checkbox"/> Participant's PERAPlus 457 Plan balance and beneficiary</p>	<p>Defined Contribution (DC)</p> <p><input checked="" type="checkbox"/> Participant's PERA DC Plan balance and beneficiary</p>

Information Time Period

Documents to be released are related to the period specified below:

Limited to the following beginning and ending date(s): Beginning of plan participation through 180 days from the date hereof.

Information Purpose/Need

Purpose(s) or need(s) for which information is to be used:

Determination of marital property interest

Other (specify): As necessary to draft and process DRO and Agreement for DRO.

(Continued on reverse)



**Authorization to Release Financial Information
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Authorization

I certify that this request has been made voluntarily and that the information given on this form is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken to comply with it. Redisclosure of the information released pursuant to this authorization by those receiving the included authorized information may not be accomplished without my further written consent. This consent will automatically expire 1 year from the date executed by participant, or earlier if indicated below (check box that applies):

Authorization will expire:

- On _____; or
- If revoked in writing by Participant; or
- 180 days from the date hereof; or
- Under the following condition(s): _____

**Signature
Certification**

Sign Here → Signature of Participant _____
Participant

Dated this _____ day of _____, _____.

If the Participant is unable to sign this *Authorization to Release Financial Information in a Divorce Matter* form for any reason, you may put an "X" in the Signature of Participant line and have two witnesses who are not related to the PERA participant sign below.

Sign Here → Signature of Witness (other than family member) _____
Witness

Dated this _____ day of _____, _____.

Sign Here → Signature of Witness (other than family member) _____
Witness

Dated this _____ day of _____, _____.

Mail to: Colorado Public Employees' Retirement Association
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