



PERA

Public Employees
Retirement Association
of New Mexico

33 Plaza La Prensa, Santa Fe, New Mexico 87507
(505) 476-9401 fax (505) 476-9300 voice
(800) 342-3422 Toll-Free
www.nmpera.org

BENEFICIARY DESIGNATION FORM

Instructions: Please print or type in dark ink. The original of this form must be completed in its entirety and returned to PERA for processing. Required fields are in **BOLD ITALICS**

CHECK ONE: **New Form** **Change in Existing Information**

MEMBER INFORMATION

| | | | | |
|---|-------------|------------------|-----------------------------------|--------------------------------|
| SOCIAL SECURITY NUMBER or PERA ID NUMBER | | | DATE OF BIRTH (mm/dd/ccyy) | |
| FIRST NAME | MI | LAST NAME | | |
| MAILING ADDRESS | CITY | STATE | ZIP | HOME/CELL TELEPHONE NO. |

MARITAL STATUS NEVER BEEN MARRIED MARRIED DIVORCED WIDOWED

Marriage or divorce after the date this form is completed may revoke your beneficiary designation(s).

SURVIVOR BENEFICIARY INFORMATION You May Only Choose One Person

I designate the following person to be my survivor beneficiary to receive a monthly pension payable for life in the event of my death prior to retirement. If I have less than 5 years of service credit when I die, this monthly pension will be payable only if my death is duty related as provided by law.

| NAME | RELATIONSHIP | SSN | DATE OF BIRTH | ADDRESS/PHONE NUMBER Same as above |
|-------------|---------------------|------------|----------------------|--|
| | | | | |

REFUND BENEFICIARY INFORMATION You May Only Choose One Person Or Organization

If no survivor pension is payable, I designate the following person or organization to be my refund beneficiary to receive a refund of my accumulated member contributions. If I do not designate a refund beneficiary, I understand the refund amount will be paid to my estate.

Person

| NAME Same as survivor beneficiary | RELATIONSHIP | SSN | DATE OF BIRTH | ADDRESS/PHONE NUMBER |
|---|---------------------|------------|----------------------|-----------------------------|
| | | | | |

OR
Organization

| ORGANIZATION NAME | ADDRESS/PHONE NUMBER | TAX ID # |
|--------------------------|-----------------------------|-----------------|
| | | |

SPOUSAL CONSENT

Check here if you are married and designating someone other than your spouse. If this box is checked, you must submit a separate completed Spousal Consent Form for this designation to be effective.

MEMBER AUTHORIZATION

I hereby declare that all the information provided is true and complete to the best of my knowledge.

| | |
|----------------------------|---------------------------------------|
| SIGNATURE OF MEMBER | DATE OF SIGNATURE (mm/dd/ccyy) |
|----------------------------|---------------------------------------|



Instructions for Completing the PERA Beneficiary Designation Form

- Check the appropriate box at the top of the form if the form is a new designation or a change in existing information.
- **Member Information Section**
 - Member or employer completes this section. All fields must be complete.
- **Survivor Beneficiary Information Section**
 - Enter the name of the **one** person to be designated as the survivor beneficiary. PERA must have the name and birth date of the designated person. PERA strongly encourages completing the relationship and the social security number of the designated person.
- **Refund Beneficiary Information Section**
 - Enter name of the **one** person to be designated as the refund beneficiary. PERA must have the name and birth date of the designated person. PERA strongly encourages completing the relationship and the social security number of the designated person.
 - **Or** if an organization is designated as a Refund Beneficiary, complete the name, address and organization tax ID number.
- **Spousal Consent Section**
 - If the member is married and naming someone other than his or her spouse, the member must complete the *Beneficiary Spousal Consent Form*. The spouse's signature must be notarized and both forms must be submitted to PERA at the same time for the *Beneficiary Designation Form* to be valid.
- **Member Authorization Section**
 - The member must sign and date the form.

PERA will accept faxed and scanned copies of this form as long as the member does not need the *Beneficiary Spousal Consent Form*. If a married member chooses someone other than his or her legal spouse, then PERA must have the original of the *Beneficiary Designation Form* and the *Beneficiary Spousal Consent Form*.



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BENEFICIARY SPOUSAL CONSENT FORM

Instructions: Please print or type in dark ink. The original of this form must be completed in its entirety and returned to PERA for processing.
Required fields are in ***BOLD ITALICS***

MEMBER NAME _____
First name Last name

***MEMBER SOCIAL SECURITY NUMBER or
PERA ID NUMBER*** _____

SPOUSE S INFORMATION AND NOTARIZATION

I, _____, am married to PERA member
(print spouse's name)

_____. I hereby consent to my spouse's decision to name
(print name of member)

_____ as his/her survivor beneficiary and
(print name of survivor beneficiary)

_____ as his/her refund beneficiary to receive retirement
(print name of refund beneficiary)

benefits in the event my spouse dies prior to retirement.

Signature of Member's Spouse

Date

State of _____)
County of _____) SS:

Subscribed and sworn to (or affirmed) before me by _____ on this the _____ day of
(print spouse's name)

My Commission Expires _____
Notary Signature _____

Notary Public Telephone No: _____ - _____ - _____