



PUBLIC EMPLOYEES RETIREMENT ASSOCIATION OF NEW MEXICO

PUBLIC EMPLOYEES RETIREMENT BOARD

P.O. Box 2123, Santa Fe, New Mexico 87504-2123

(505) 827-4670 fax (505) 827-4700 voice

www.state.nm.us/pera

**CHANGE IN PERA RECORDS**

Instructions: Please print or type in black ink. Required fields are in **BOLD ITALICS**

ACTIVE MEMBER  RETIRED MEMBER

| MEMBER INFORMATION (Must be completed in all cases)   |                                   |   |
|---|-----------------------------------|---|
| <b>SOCIAL SECURITY NUMBER</b>   |                                   | <b>DATE OF BIRTH</b><br><i>(mm/dd/ccyy)</i> |
| <b>FIRST NAME</b>   | MI                                | <b>LAST NAME</b>                            |
| <b>PLAN MEMEBERSHIP</b> <input type="checkbox"/> PUBLIC EMPLOYEES <input type="checkbox"/> JUDICIAL <input type="checkbox"/> MAGISTRATE <input type="checkbox"/> VOLUNTEER FIRE<br><input type="checkbox"/> LEGISLATIVE |                                   |   |
| NAME CHANGE/CORRECTION  |                                   |   |
| <b>CURRENT FIRST NAME</b>   | MI                                | <b>LAST NAME</b>                            |
| <b>PREVIOUS FIRST NAME</b>  | MI                                | <b>LAST NAME</b>                            |
| <b>EFFECTIVE DATE OF CHANGE</b> <i>(mm/dd/ccyy)</i>   |                                   |   |
| ADDRESS CORRECTION  |                                   |   |
| <b>ADDRESS TYPE</b> <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> MAILING  |                                   | <b>HOME TELEPHONE NO.</b>                   |
| <b>ADDRESS</b>  |                                   | BUSINESS TELEPHONE NO.                      |
| <b>CITY</b>   | <b>STATE</b>                      | <b>ZIP</b>                                  |
| <b>PROVINCE</b>   | <b>POSTAL CODE</b>                | <b>COUNTRY</b>                              |
| <b>EFFECTIVE DATE OF CHANGE</b><br><i>(mm/dd/ccyy)</i>  |                                   | E-MAIL ADDRESS                              |
| MARITAL STATUS CHANGE/CORRECTION  |                                   |   |
| <b>MARITAL STATUS/EFFECTIVE DATE OF CHANGE</b> <i>(mm/dd/ccyy)</i>  |                                   |   |
| <input type="checkbox"/> MARRIED    /    / <input type="checkbox"/> DIVORCED    /    / <input type="checkbox"/> WIDOWED    /    /   |                                   |   |
| SOCIAL SECURITY NUMBER CHANGE/CORRECTION  |                                   |   |
| <b>OLD SOCIAL SECURITY NUMBER</b>   | <b>NEW SOCIAL SECURITY NUMBER</b> | <b>EFFECTIVE DATE OF CHANGE</b>             |
| MEMBER AUTHORIZATION  |                                   |   |
| <b>SIGNATURE OF MEMBER</b>  |                                   | <b>DATE</b>                                 |