



PUBLIC EMPLOYEES RETIREMENT ASSOCIATION OF NEW MEXICO

PUBLIC EMPLOYEES RETIREMENT BOARD

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

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www.state.nm.us/pera

REFUND BENEFICIARY DESIGNATION FORM

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

New Form Change

MEMBER INFORMATION PLEASE PRINT CLEARLY

SOCIAL SECURITY NUMBER DATE OF BIRTH (mm/dd/ccyy)

FIRST NAME MI LAST NAME

ADDRESS TYPE PERMANENT TEMPORARY MAILING HOME TELEPHONE NO.

ADDRESS BUSINESS TELEPHONE NO. EMAIL ADDRESS

CITY STATE ZIP SEX MALE FEMALE

MARITAL STATUS MARRIED SINGLE DIVORCED WIDOWED

BENEFICIARY INFORMATION

Person as a Refund Beneficiary If you are married and wish to designate someone other than your spouse as the refund beneficiary, the spousal consent below must be signed by him/her.

Table with columns: NAME, RELATIONSHIP, SSN, DATE OF BIRTH, ADDRESS/PHONE NUMBER

Organization as a Refund Beneficiary

Table with columns: ORGANIZATION NAME, ORGANIZATION ADDRESS/PHONE NUMBER, ORGANIZATION TAX ID #

If I die and no pension is payable under the PERA Act, I designate following the person or organization named above as my refund beneficiary to receive the refund of my member contributions. The first five (5) years of employment and service credit are the most important to have a REFUND BENEFICIARY designation on file at PERA.

SPOUSAL CONSENT

I, _____ spouse of _____, consent to his/her decision to designate _____ as a refund beneficiary. Signature of Member's Spouse _____ Date: _____

MEMBER AUTHORIZATION

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

NOTARIZATION OF MEMBER'S SIGNATURE

State of New Mexico) County of _____) SS: _____ Subscribed and sworn to before me by _____ on this the _____ day of _____, _____. My Commission Expires _____ Notary Public Telephone No: _____-_____-_____. Notary Signature _____

