



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

New form

Change in existing information

SURVIVOR 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

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.
CITY STATE ZIP SEX MALE FEMALE
MARITAL STATUS MARRIED SINGLE DIVORCED WIDOWED
BENEFICIARY INFORMATION
I hereby designate the person named below as my survivor beneficiary to receive a monthly pension payable for life in the event of my death prior to retirement.
NAME RELATIONSHIP SSN DATE OF BIRTH ADDRESS/PHONE NUMBER
SPOUSAL CONSENT
I, \_\_\_\_\_ spouse of \_\_\_\_\_, consent to his/her decision to designate \_\_\_\_\_ as a survivor beneficiary.
MEMBER AUTHORIZATION
I hereby declare that all the information provided is true and complete to the best of my knowledge and that the spousal signature is the signature of my spouse
SIGNATURE OF MEMBER DATE OF SIGNATURE (mm/dd/ccyy)
NOTARIZATION OF MEMBER'S SIGNATURE
State of New Mexico )
County of \_\_\_\_\_ )
Subscribed and sworn to (or affirmed) before me by \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.
My Commission Expires \_\_\_\_\_ Notary Public Telephone No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
Notary Signature \_\_\_\_\_