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 <u>original</u> 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	DATE OF BIRTH (mm/dd/ccyy)			
FIRST NAME		MI	L	AST NA	IST NAME			
ADDRESS TYPE PERMANENT TEMPORAR			MAILING	MAILING HOME TELEPHONE NO.				
ADDRESS				BUSIN	BUSINESS TELEPHONE NO.			
				EMAIL	EMAIL ADDRESS			
CITY	STA	ATE	ZIP	ZIP		☐ MALE	☐ FEMALE	
MARITAL STATUS ☐ MARRIED ☐ SINGLE ☐ DIVORCED ☐ WIDOWED Marriage or divorce after the date this form is completed and submitted to PERA will affect your survivor beneficiary designation. Please contact PERA if either event occurs.								
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. I understand that if I have less than 5 years of service credit when I die, this monthly pension will be payable <u>only</u> if my death is duty related. If I am married and designate someone other than my spouse as survivor beneficiary, the spousal consent section of this form will be completed and signed by my spouse.								
NAME	RELATIONSHIP	SSN	DATE	OF BIRTH	AD	DRESS/PHO	NE NUMBER	
SPOUSAL CONSENT								
I,spouse of, consent to his/her						to his/her		
decision to designate as a survivor beneficiary.								
Signature of Member's Spouse				Date:				
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		D			ATE OF SIGNATURE (mm/dd/ccyy)			
NOTARIZATION OF MEMBER	'S SIGNATURE							
State of New Mexico)							
County of) SS: _)							
Subscribed and sworn to (or affirmed) before me by on this the _					day	of		
My Commission Expires	N	Notary Public Telephone No:						
Notary Signature								

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