



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 <input type="checkbox"/> NEVER BEEN MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> 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 the minimum number of years to meet retirement eligibility 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 <input type="checkbox"/> 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 <u>or</u> 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 <input type="checkbox"/> Same as survivor beneficiary	RELATIONSHIP	SSN	DATE OF BIRTH	ADDRESS/PHONE NUMBER
<u>OR</u> Organization				
ORGANIZATION NAME	ADDRESS/PHONE NUMBER		TAX ID #	
SPOUSAL CONSENT				
<input type="checkbox"/> 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)	



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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*.