

Active (Non-Retired) Beneficiary Designation

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned to PERA via regular mail, fax, or e-mail to noreply.records@pera.nm.gov for processing. To be completed by an Active (Non-Retired) PERA Member prior to retirement.

Section 1 Information About You

Social Security Number or PERA ID		Name (First, Middle Initial, Last)	
Date of Birth	()	Phone Number	E-mail Address
Mailing Address		City	State Zip Code
Marital Status: <input type="checkbox"/> Never Married		<input type="checkbox"/> Married	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced*

*Note: PERA requires the review of **ALL** court-endorsed divorce documentation. If your divorce was prior to PERA membership, please submit a copy of the first page of your Final Divorce Decree ONLY. If you remarried PRIOR TO PERA membership and are still married to the same person no divorce decrees are required.

Section 2 Information About Your Spousal Consent

Check here if you are married and designating someone other than your spouse. If this box is checked, you must submit a separate completed Beneficiary Spousal Consent form for this designation to be effective.

Section 3 Information About Your Survivor Beneficiary *You may only choose one person. You may NOT split between more than 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 (First, Middle Initial, Last)		Relationship		SSN/Fed Tax ID	
Date of Birth	()	Phone Number	<input type="checkbox"/> Same as above		
Mailing Address					

Section 4 Information About Your Refund Beneficiary *You may only choose one person or organization. You may NOT split between more than one person or organization.

If no survivor pension is payable, I designate the following person or 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 (First, Middle Initial, Last)		Relationship		SSN/Fed Tax ID	
Date of Birth	()	Phone Number	<input type="checkbox"/> Same as above		
Mailing Address					

OR ORGANIZATION

Organization Name		Phone Number		Mailing Address		Tax ID #	

Section 5 Your Authorization

I hereby declare that as an Active (Non-Retired) Member that all the information provided is true and complete to the best of my knowledge.

Signature of Member	Date