

## Application for Exclusion from Membership for Magistrate Retiree - Elected Official

33 Plaza La Prensa Santa Fe, NM 87507 (505) 476-9300 phone (505) 954-0370 fax www.nmpera.org

Instructions: Please print or type in dark ink. This form must be completed in its entirety and submitted to PERA via regular mail, fax, or e-mail to noreply.records@state.nm.us for processing.

Section 1	Information A	About You Female		le	Male			
l		ı						
L Social Security Number	or PERA ID	Name (	First, Middle Initia	l last)				
		Name (	i ii st, iviidale ii iitia					
Date of Birth City of Birt		Birth	State of Birth					
( )		1						
Phone Number		E-mail ad	dress					
Mailing Address		City			Zip Code			
Marital Status: Ne	ver Married	Married	Married Widowed			Divorced		
I was elected to the follow	ving office;							
which term is to be from		through				with the below named employer. I hereby		
apply for exclusion from	membership in the	Public Employees Re	tirement Associatio	n of New Mex	tico in accorda	nce with NMSA 1978		
Section 10-12C-16(C) (2	2021) of the Mag	gistrate Retirement	Act which provid	es for exclusio	n from PERA m	embership for a member		
upon appointment or elec	tion to that office fili	ng:						
	" a verittan anal	lication for exemption	fue us us e sels e vels in	و ملغ ملغني يا ما الم				
	a written appi	·	•		association			
		within thirty (30) ca	ieridar days of takiriş	g office.				
Section 2	Section 2 Your Current Employment Information (To be completed by Employer)							
I		ľ		I		I		
Name of Employer		PERA Em	nployer Number	PERA Plan				
1			1		1			
Current Position			Date of Hire (m	ım/dd/ccyy)	Date of Tern	nination (mm/dd/ccyy)		
Section 4	Your Employer Certification (To be completed by Employer)							
[						[( ) [		
Authorized Employer* F	Printed Name Titl	e	Ema	il Address		Phone		
Signature of Authorized Employer*					Date			