

# (Instructions)

## Active (Non-Retired) Beneficiary Designation

### Required Documentation

- If you are designating someone other than your spouse as either a survivor or refund beneficiary, PERA will need a completed Beneficiary Spousal Consent form.
- If you marked "Widowed" PERA will need a copy of your deceased spouse's death certificate.
- If you marked "Divorced" PERA will need a copy of your divorce documentation. Regardless of your number of divorces, 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 prior divorce decrees are required
- If you accidentally marked any of the above, PERA will need a completed Affidavit. Please reach out to PERA for a copy of the required affidavit.

### Section 1

#### Information About You

1. Please fill out all demographic fields of this section.
2. Refer to the above required documentation needed when selecting your marital status information.

### Section 2

#### Information About Your Spousal Consent

1. Please select this option if you are married and designating someone other than your spouse either as your survivor or refund beneficiary designation. 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

1. Please fill out all demographic fields of this section with your survivor beneficiary's information. You cannot designate an estate, trust, or will.

### Section 4

#### Information About Your Refund Beneficiary

1. Please fill out all demographic fields of this section with your refund beneficiary's information. You can designate an estate, trust, or will.

### Section 5

#### Your Authorization

1. This section acknowledges your active (non-retired) beneficiary designation and that you understand the requirements of completion.



INVESTED IN TOMORROW.

# Active (Non-Retired) Beneficiary Designation

Please print or type in dark ink. This form must be completed in its entirety and returned to PERA via regular mail, fax, e-mail to [noreply.records@pera.nm.gov](mailto:noreply.records@pera.nm.gov), or upload to your RIO Self-Service account for processing. To be completed by an Active (NonRetired) PERA Member prior to retirement.

## Section 1 Information About You

Social Security Number or PERA ID	Name (First, Middle Initial, Last)
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>

Date of Birth	Phone Number ( )	E-mail Address
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>

Mailing Address	City	State	Zip Code
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>

Marital Status:  Never Married  Married  Widowed  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 either for your survivor and/or refund beneficiary designation. 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 or supplemental needs trust. You may NOT split between more than one person/supplemental needs trust.

I designate the following person or supplemental needs trust 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
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>

Date of Birth	Phone Number ( )	Mailing Address
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input type="checkbox"/> Same as above

## Section 4 Information About Your Refund Beneficiary \*You may only choose one person, organization or supplemental needs trust. You may NOT split between more than one person, organization or supplemental needs trust.

If no survivor pension is payable, I designate the following person, organization or supplemental needs trust 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
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>

Date of Birth	Phone Number ( )	Mailing Address
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input type="checkbox"/> Same as above

**OR ORGANIZATION**

Organization Name	Phone Number ( )	Mailing Address	Tax ID #
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>

## 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
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>