

Affidavit to Affirm Non-Ability to Obtain Spousal Consent

33 Plaza La Prensa Santa Fe, NM 87507 (505) 542-6220 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 returned to PERA via regular mail, fax, e-mail to noreply.records@pera.nm.gov or upload to your RIO Self-Service account for processing.

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Section 1	Information About You					
Social Security Number o	r PERA ID	Name (Firs	t, Middle Init	ial, Last)		
Female Male	()					
Gender	Phone Number	E-mail Addı	ess			
Mailing Address			City		State	Zip Code
Section 2	Information About You	r Affidavit	;	*Must be signed in	presence	of a notary
ı	ar	annlicant t	for retiremen	t henefits affirm tha	ıt Lam una	hle to ohtain
Applicant's Name (please print)						
spousal consent ofSpouse's	s Name (please print)		because: _			-
Section 3	1.6		•			<u> </u>
Section 3	Information About You	ir Missing	Spouse	*Must be signed in	presence	of a notary
Mailing Address			City		State	Zip Code
()						
Phone Number		E-mail Add	ress			
_	erstand that because I am ma				-	
PERA Act requires that I will retire under Form of Payment C with my spouse named as beneficiary. Spouse's Name (please print)						
					Ī	
 Applicant's Signature					Date	
	AC requires that the retiring membe	er provides PE	RA with an affid	avit stating why the men	nber has bee	n unable to obtain
spousal consent and provide the	e most recent contact information f	or the spouse				
Section 4	Information About Your	Notary				
State of)					
) 55.					
County of)					
Signed and sworn to for a	ffirmad) hafara ma hy			on this the	day of	
Signicu anu swoni to (Of di	ffirmed) before me by	's Name (please	print)	on this tile	uay ui	
My Commission Expires	Notary Pu	ublic Teleph	one Number			
Signature of Notary	*Notary stamp must be visible					