

Beneficiary 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, or e-mail to noreply.records@pera.nm.gov for processing.

Section 1	Information About Yo	u		
		I		
Social Security Number o	r PERA ID	Name (First, Mi	ddle Initial, Last)	
Section 2	Information From You	r Spouse	*Must be signed in presenc	e of a notary
I ' Spouse's Name (please print) consent to my spouse's c	ecision to name		mber as his/her survivor ber	
Refund Beneficiary's Name (please prior to retirement.	as his/her		ry to receive retirement benefits in th	ne event my spouse dies
O Member's S			Date	
previously married.			A membership application is filed, if	the member has been
Section 3	Information About You	ir Notary		
State of				
County of) SS:)			
Signed and sworn to (or a	Spouse	e's Name (please print)	on this the day o	of
My Commission Expires				
Notary Public Telephone N	lumber			
Signature of Notary				
*Notary stamp must be vi	sible			