

Signature of Member

## **PERA Request**

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 application must be completed in its entirety and returned to PERA via regular mail, fax, uploaded to your RIO Self-Service Account or e-mailed to noreply.records@pera.nm.gov for processing. PERA will provide two requests annually, visit our website for additional requests.

	will provide two requests an	ilually, visit our	website for additio	nai reques	ı.		
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 Cod	le
Present Employer:			Never Married	Married	Dive	orced	Widowed
Section 2	Information About You	r Request	*Please check	all that a	pply		
Send Retirement Kit	t - Retirement guidance and fo	orms are also ava	ailable on the PERA	website (	www.nm	pera.org)	
Estimate of Beneficis*: Requested for retirement on [up to 2 dates]  1. Beneficiary Name							
estimate, service credit	verification or purchase agree	ment. Requests	with ERB service cr	edit may ta	ake additio	onal time	: to
process.						ı	
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Date