Public Employees Retirement Association of New Mexico

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Public Employees Retirement Board

P.O. Box 2123, Santa Fe, New Mexico 87504-2123 (505) 827-4670 fax (505) 827-4700 voice

www.pera.state.nm.us

APPLICATION FOR PENSION FORM

Instructions: Please print o						eturned to PERA for
processing. Required fields are i PERA JUDICIAL RETIREMENT (JRA)				MAGISTRATE RETIREMENT (MRA)		
ERA RETIREMENT	VOLUNTEE	R FIREFIGHTE	R RETIR	EMENT	LEGISLATIVE R	ETIREMENT
GENERAL INFORMATION		OR PRINT CLE	ARLY			
NAME	FIRST			MIDDLE I	NITIAL	LAST
	-		CI	TY	STATE	ZIP
ADDRESS						
SOCIAL SECURITY NUM	<u>/IBER</u>					
DATE OF BIRTH	MARITAL	NEVER MARRIE	. П "	MARRIED:	DIVORCED:	WIDOW:
EMPLOYER -	STATUS	NEVER WARRIE	:D. — IV	MARRIED.	DIVORCED.	WIDOW. L
EFFECTIVE RETIREMEI	VT DATF		PLANN	IED TER	RMINATION DATE	
BENEFICIARY DESIGNATI		OF PAYMENT				
Upon retirement, you may select			ent of a per	nsion. PEI	RA will provide you with an	estimate of your
benefits as requested below. Form of Payment A: Straight Life Option. Provides a benefit to you for your lifetime. Payments stop upon your death.						
Form of Payment B: Joint Survivor Option (100%). Provides a benefit to you for your lifetime with the same amount continuing for life to your beneficiary upon your death.						
Form of Payment C: Joint Survivor Option (50%). Provides a benefit to you for your lifetime with 50% of that amount continuing for life to you beneficiary upon your death.						
Form of Payment D: Temporary Joint Survivor Option (Children). Provides a benefit to you for life, with the same amount continuing to your eligible children until each child reaches age 25.						
Magistrate - Judicial - Volunteer Firefighter: Survivor pension paid according to each specific statute.						
IMPORTANT! Once you begin receiving pension payments, the Form of Payment Option you chose is irrevocable. The only exceptions are if your beneficiary dies or you divorce while you are still receiving a pension. After you notify PERA, you would begin being paid under Option A. You are not eligible to choose another beneficiary. Make your Form of Payment Option choice and your beneficiary designation carefully.						
If you choose to name a survivor the date of your retirement and you have not named a survivor difference will be refunded to you beneficiary as well as marriaged desired, you must provide proof	do not name your sp beneficiary and if the our refund beneficiary ge certificates or div	pouse as survivor le total amount of p y or to your estate vorce decrees ar	beneficiary payments r . You must nd propert	your spo eceived is st submit	ouse must consent in writing less than your total employ proof of age on yourself	g. Upon your death, if yee contributions, the and your survivor
	IRST	MIDDLE INITIAL		LAST		
Name Address			City		Relationship State	Zip
, tadiooo		<u> </u>	1 1	7		
Social Security Number					Date of Birth	
APPLICANT'S STATEMENT						
I do hereby apply for retirement benefits as indicated above. I understand my retirement benefits will begin the first of the month following the completion of all the following: 1) my meeting the						
age and service requirements f and Educational Retirement. I must contact PERA and my pe the best of my knowledge.	or normal retirement also understand that	t; 2) the filing of th t should I ever ret	is form; 3) urn to emp	termination	on of all employment under, vith an employer under PER	Judicial, Magistrate RA, JRA or MRA, I
APPLICANT'S SIGNATU	JRE			TELEPH	HONE NUMBER	DATE