

PERSONAL INFORMATION (please print clearly using black or blue ink)

NAME: _____ **SOCIAL SECURITY NUMBER:** _____

ADDRESS: _____ **APT:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

DAY PHONE: _____ **EVENING PHONE:** _____

EMAIL (personal email preferred): _____ **DATE OF BIRTH:** ____/____/____

EMPLOYER NAME (required): _____

PRIMARY BENEFICIARY: _____
Include: Name, Date of Birth, and Relationship

EMPLOYEE CONTRIBUTION ELECTION

You may elect to contribute to PERA SmartSave by selecting the dollar amount of your gross salary you want deducted from your wages on a per pay period basis. The minimum per pay period contribution is \$10. The total IRS maximum annual contribution is \$23,000 or \$30,500 for those age 50+.

Pre-tax contribution amount: \$ _____ / per pay period

Roth contribution amount: \$ _____ / per pay period

(If your employer does not offer the Roth option, only your pre-tax contribution will be processed at this time. See page 2.)

INVESTMENT FUND ELECTION

Choose from pre-defined options based on your birth year and a common retirement age of 65:

Name:	Birth Date Range:
<input type="checkbox"/> New Mexico Conservative Portfolio	Before 1957
<input type="checkbox"/> New Mexico LifeCycle 2025 Portfolio	1958 - 1962
<input type="checkbox"/> New Mexico LifeCycle 2030 Portfolio	1963 - 1967
<input type="checkbox"/> New Mexico LifeCycle 2035 Portfolio	1968 - 1972
<input type="checkbox"/> New Mexico LifeCycle 2040 Portfolio	1973 - 1977
<input type="checkbox"/> New Mexico LifeCycle 2045 Portfolio	1978 - 1982
<input type="checkbox"/> New Mexico LifeCycle 2050 Portfolio	1983 - 1987
<input type="checkbox"/> New Mexico LifeCycle 2055 Portfolio	1988 - 1992
<input type="checkbox"/> New Mexico LifeCycle 2060 Portfolio	1993 or after

Please note: If you wish to select your own asset allocation, you may do so via the participant website after your account is established.

AUTHORIZATION

By signing this form, I authorize my employer to reduce my salary by the amounts indicated in the Employee Contribution Election section of this form and I allow the Plan to set up my account with the contribution source(s). I understand this change will become effective on the first available pay period of next month per IRS guidelines. I understand if I do not complete the Investment Fund Election section, my contributions will default to the target date fund closest to the year I reach age 65 and I can change my investment allocations via the participant website after my account is established.

I hereby certify that the information I furnished herein is true, accurate and complete.

PARTICIPANT SIGNATURE _____ **DATE** _____

MAILING INSTRUCTIONS

Please submit your completed form to:

VIA FAX:

Voya Financial
Attn: PERA SmartSave
1-844-299-2373

VIA MAIL DELIVERY:

Voya Financial
Attn: PERA SmartSave
P.O. Box 389
Hartford, CT 06141

VIA OVERNIGHT DELIVERY:

Voya Financial
Attn: PERA SmartSave
One Orange Way
Windsor, CT 06095

VIA EMAIL:

PERA-SmartSave@state.nm.us

If you have any questions or need to obtain additional plan or account information, please go online at PERASmartSave.voya.com or call the PERA SmartSave Service Center at 1-833-424-7283 (SAVE) (TTY/TTD users call 1-800-579-5708). Customer Service Associates are available Monday through Friday, 7:00 A.M. to 7:00 P.M. Mountain Time (excluding stock market holidays).

POTENTIAL IMPACT AND BALANCE

Deferral Per Pay	Paycheck Impact	Annual Deferral	Accumulation 10 Years	Accumulation 20 Years	Accumulation 30 Years
\$25	\$18.75	\$650	\$9,304	\$27,605	\$63,607
\$50	\$37.50	\$1,300	\$18,607	\$55,210	\$127,214
\$75	\$56.25	\$1,950	\$27,911	\$82,815	\$190,821
\$100	\$75.00	\$2,600	\$37,214	\$110,420	\$254,428

This table shows the cumulative value of 26 biweekly deferral amounts over 10, 20, and 30 years, assuming a compound annual rate of 7% and a 25% federal tax rate, for a single person with an annual salary of \$38,000 and one deduction for federal tax purposes. Actual investment returns will vary from year to year, and the value of your account after the specified periods of years shown in the table may be less or more than the amounts shown. This illustration is hypothetical and is not intended to serve as a projection of the investment results of any specific investment. If fees and expenses were reflected, the returns would have been less.

EMPLOYERS THAT OFFER THE ROTH OPTION

Voya Plan #	Plan Name
626101	ALBUQUERQUE BERNALILLO CO WATER UTIL DIST
626102	ALBUQUERQUE PUBLIC SCHOOLS
626105	BERNALILLO COUNTY
626111	CITY OF ALAMOGORDO
626126	CITY OF LAS CRUCES
626153	EL VALLE DE LOS RANCHOS W AND S DIST
626189	RIO ARRIBA COUNTY
626194	SANTA CLARA HOUSING AUTHORITY
626205	STATE OF NEW MEXICO
626244	VILLAGE OF TAOS SKI VALLEY