

Beneficiary Spousal Consent

33 Plaza La Prensa Santa Fe, NM 87507 (505) 476-9300 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 You				
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Social Security Number o	r PERA ID	Name (First, Mi	ddle Initial, Last)		
Section 2	Information From Y	our Spouse	*Must be signed in	presence of a notary	
I · Spouse's Name (please print) consent to my spouse's c	lecision to name		Member's Name (please print)		. I hereby
Refund Beneficiary's Name (please prior to retirement.	as his/h	Beneficiary's Name (please pi ner refund beneficiar	y to receive retirement bene	efits in the event my	spouse dies
orders and marital settle previously married. Section 3	ment agreements entere		A membership application is	s filed, if the membe	r has been
State of)	·			
County of) ss:)				
Signed and sworn to (or a	Sp	oouse's Name (please print)	on this the	day of	
My Commission Expires_					
Notary Public Telephone I	Number	-			
Signature of Notary					
*Notary stamp must be vi	sible				