



PERA

Public Employees
Retirement Association
of New Mexico

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CHANGE IN PERA RECORDS FORM

Instructions: Please print or type in dark ink. The original of this form must be completed in its entirety and returned to PERA for processing. Required fields are in **BOLD ITALICS**

MEMBER INFORMATION (Must be completed in all cases) PRINT CLEARLY		
SOCIAL SECURITY NUMBER or PERA ID NUMBER		
FIRST NAME	MI	LAST NAME
DATE OF BIRTH (mm/dd/ccyy)		
CURRENT MARITAL STATUS (Check One) <input type="checkbox"/> NEVER BEEN MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		
NAME CHANGE/CORRECTION PRINT CLEARLY		
CURRENT FIRST NAME	MI	LAST NAME
PREVIOUS FIRST NAME	MI	LAST NAME
EFFECTIVE DATE OF CHANGE (mm/dd/ccyy)		
ADDRESS CHANGE/CORRECTION PRINT CLEARLY		
ADDRESS TYPE <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> MAILING		HOME or CELL TELEPHONE NO.
STREET ADDRESS		BUSINESS TELEPHONE NO.
CITY	STATE	ZIP
FOREIGN PROVINCE	FOREIGN POSTAL CODE	FOREIGN COUNTRY
EFFECTIVE DATE OF CHANGE (mm/dd/ccyy)		E-MAIL ADDRESS
MARITAL STATUS CHANGE/CORRECTION PRINT CLEARLY		
MARITAL STATUS/EFFECTIVE DATE OF CHANGE (mm/dd/ccyy)		
<input type="checkbox"/> MARRIED / /	<input type="checkbox"/> DIVORCED / /	<input type="checkbox"/> WIDOWED / /
SOCIAL SECURITY NUMBER CHANGE/CORRECTION PRINT CLEARLY		
PREVIOUS SOCIAL SECURITY NUMBER	NEW SOCIAL SECURITY NUMBER	EFFECTIVE DATE OF CHANGE
MEMBER AUTHORIZATION		
SIGNATURE OF MEMBER		DATE