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PERA TERMINATION NOTICE 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'S SOCIAL SECURITY NUMBER or PERA ID NUMBER		
FIRST NAME	MI	LAST NAME
Employer's Certification of Termination		
PERA EMPLOYER NAME		PERA EMPLOYER NUMBER
<p>This is to certify that the above-named member terminated employment on _____, _____; this is a bona fide termination and that there is no intention of re-employing the member at this time.</p> <p>Authorized Employer's Printed Name: _____</p> <p>Authorized Employer's Signature: _____</p> <p>Title: _____ Date: _____ Telephone No: _____</p>		
Employer's Certification of Transfer to Another PERA Entity		
<p>This is to certify that the above named member began employment on _____, _____; with another PERA Entity.</p> <p>NAME OF DEPARTING ENTITY : _____ PERA EMPLOYER # : _____</p> <p>NAME OF DESTINATION ENTITY : _____</p> <p>Authorized Employer's Printed Name: _____</p> <p>Authorized Employer's Signature: _____</p> <p>Title: _____ Date: _____ Telephone No: _____</p>		

By completing this form the Authorized Employer is certifying that the PERA member is no longer employed by the contributing entity. If the member is terminating employment and would like information to obtain a member refund, they must contact PERA directly for a *Member Request for Refund/Rollover Form*. The PERA Member can find the *Member Request for Refund/Rollover Form* at www.nmpera.org, as well as all rules and regulations for the refunds request.