

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

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ 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 total minimum contribution is \$260 annually and total maximum contribution is \$19,000 annually (or maximum IRS limits).

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

**Roth contribution amount:** \$ \_\_\_\_\_ / per pay period  
(Please verify that your employer has the capability to remit Roth contributions.)

**INVESTMENT FUND ELECTION - GUIDE ME**

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

<b>Name:</b>	<b>Birth Date Range:</b>
<input type="checkbox"/> New Mexico Conservative Portfolio	12/31/1952 and prior
<input type="checkbox"/> New Mexico Life Cycle 2020 Portfolio	1/1/1953 - 12/31/1957
<input type="checkbox"/> New Mexico Life Cycle 2025 Portfolio	1/1/1958 - 12/31/1962
<input type="checkbox"/> New Mexico Life Cycle 2030 Portfolio	1/1/1963 - 12/31/1967
<input type="checkbox"/> New Mexico Life Cycle 2035 Portfolio	1/1/1968 - 12/31/1972
<input type="checkbox"/> New Mexico Life Cycle 2040 Portfolio	1/1/1973 - 12/31/1977
<input type="checkbox"/> New Mexico Life Cycle 2045 Portfolio	1/1/1978 - 12/31/1982
<input type="checkbox"/> New Mexico Life Cycle 2050 Portfolio	1/1/1983 - 12/31/1987
<input type="checkbox"/> New Mexico Life Cycle 2055 Portfolio	1/1/1988 and after

**INVESTMENT FUND ELECTION - GET THERE MYSELF (MUST TOTAL 100%)**

Choose your own investment mix from available options to create your own investment strategy:

New Mexico Conservative Portfolio	_____	.00%	New Mexico Stable Value Fund	_____	.00%
New Mexico Life Cycle 2020 Portfolio	_____	.00%	Oakmark Equity & Income Fund (The) - Class I	_____	.00%
New Mexico Life Cycle 2025 Portfolio	_____	.00%	Dodge & Cox Stock Fund	_____	.00%
New Mexico Life Cycle 2030 Portfolio	_____	.00%	Fidelity Contrafund K	_____	.00%
New Mexico Life Cycle 2035 Portfolio	_____	.00%	Principal Funds Inc., Mid Cap Fund - Institutional Class	_____	.00%
New Mexico Life Cycle 2040 Portfolio	_____	.00%	T. Rowe Price Institutional Mid-Cap Equity Growth Fund	_____	.00%
New Mexico Life Cycle 2045 Portfolio	_____	.00%	Fidelity Low-Priced Stock K	_____	.00%
New Mexico Life Cycle 2050 Portfolio	_____	.00%	DFA U.S. Small Cap Portfolio	_____	.00%
New Mexico Life Cycle 2055 Portfolio	_____	.00%	EuroPacific Growth Fund - Class R6	_____	.00%
Vanguard Total Bond Market Index Fund - Institutional Shares	_____	.00%	Fidelity Diversified International K	_____	.00%
Vanguard Inflation Protected Securities Fund - Institutional Shares	_____	.00%	Templeton Global Bond Fund - Class R6	_____	.00%
Vanguard® Institutional Index Fund - Institutional Plus Shares	_____	.00%	Principal Diversified Real Asset Fund - Institutional	_____	.00%
Vanguard Total International Stock Index Fund - Institutional Shares	_____	.00%	Invesco Global Real Estate Fund - Class R5	_____	.00%
			Aberdeen Emerging Markets Equity Fund - Institutional Class	_____	.00%
			<b>TOTAL</b>		<b>100%</b>

**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 if I do not complete one of the Investment Funds Election sections, my contributions will default to the target date fund closest to the year I reach age 65.

*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 24747  
Jacksonville, FL 32241-4747

**VIA OVERNIGHT DELIVERY:**

Voya Financial  
Attn: PERA SmartSave  
8900 Prominence Parkway  
Jacksonville, FL 32256-8264

**If you have any questions or need to obtain additional plan or account information, please go online at [PERASmartSave.voya.com](http://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).**