

**AFFIDAVIT TO AFFIRM NON-ABILITY TO OBTAIN SPOUSAL CONSENT FORM**

Instructions: Please print or type in a 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**. No correction fluid will be allowed on notarized form.

**PLEASE PRINT CLEARLY**

**SOCIAL SECURITY NUMBER or PERA ID NUMBER** \_\_\_\_\_

**NAME** \_\_\_\_\_  
First Middle Initial Last

**MAILING ADDRESS** \_\_\_\_\_  
Street City State Zip

**HOME or CELL TELEPHONE** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_, an applicant for retirement benefits affirm that I am unable to obtain spousal consent of \_\_\_\_\_ because:  
Name of Spouse

\_\_\_\_\_

\_\_\_\_\_

**MOST RECENT INFORMATION FOR MISSING SPOUSE:**

\_\_\_\_\_

Mailing Address City State Zip

\_\_\_\_\_

Telephone or Cell Number E-mail address

I acknowledge that I understand that because I am married and have not provided a completed *PERA Spousal Consent Form*, the PERA Act requires that I will retire under Form of Payment C with my spouse

\_\_\_\_\_ named as survivor beneficiary.  
Name of spouse

**SIGNATURE OF RETIREE** – in the presence of a notary \_\_\_\_\_ **DATE** \_\_\_\_\_

PERA Rule 2.80.700.10.A(5)NMAC requires that the retiring member provides PERA with an affidavit stating why the member has been unable to obtain spousal consent and provide the most recent contact information for the spouse.

**NOTARIZATION OF RETIREE S SIGNATURE Member's Signature Must Be Done In The Presence Of A Notary**

State of New Mexico )  
 ) SS:  
 County of \_\_\_\_\_ )

Signed and sworn to (or affirmed) before me by \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission Expires \_\_\_\_\_

Notary Public Telephone No \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Notary Signature \_\_\_\_\_

**No correction fluid will be allowed on notarized form.**