

Application for Volunteer Firefighter Pension Instructions

If you are considering retirement, PERA requests that you complete and submit the Application for Volunteer Firefighter Pension along with all required documents no earlier than six (6) months, but no later than sixty (60) calendar days in advance of your effective retirement date. Failure to complete and submit the Application for Volunteer Firefighter Pension and required documentation in its entirety may result in your retirement benefit being delayed.

Required Documentation

1. Copy of applicant's proof of age (e.g. driver's license or birth certificate).
2. Copy of beneficiary's proof of age (e.g. driver's license or birth certificate).
3. For any designated beneficiary to be identified as a spouse, a copy of the marriage certificate, or other acceptable proof of marital status is required.
4. Copy of applicant's Social Security card.
5. Copy of beneficiary's Social Security card.

Please refer to page 3 of the Retirement Kit for acceptable types of documents and further guidance.

Section 1 Information About You

1. Please fill out all demographic fields of this section.

Section 2 Information About Your Retirement

1. Include your years of VF service at the time of retirement and your effective retirement date. Your effective retirement date will be the first day of the month following your last day of volunteering with the Volunteer Firefighter Department.

Note: Your benefit will be paid once a month on the last working day of each month.

Section 3 Information About Your Spouse or Dependent Child

1. You may designate EITHER a spouse or one dependent child (child under the age of eighteen 18) as a beneficiary. In the event of the retiree's death, the designated survivor beneficiary will receive an annuity equal to two-thirds of the retirement paid to the retiree. The annuity paid to a spouse will cease upon the surviving spouse's marriage or death and the annuity paid to a dependent child will cease when the child reaches the age of 18 or upon the child's death, whichever comes first.
2. Please provide the full name, social security number, address and date of birth of your beneficiary. You must submit proof of age for yourself and your beneficiary as well as a copy of your marriage certificate if you are married at the time of retirement.

Section 4 Information About Your Marital Status

1. This section informs PERA of your marital status at the time of retirement.
2. If you are not married please fill out this section.
3. Must be signed in the presence of a Notary.

Section 5 Information About Your Notary

1. This section will need to be filled out by a Notary. The Notary's stamp must be visible.
2. No correction fluid will be allowed on this section.

Section 6

Information About Your Financial Institution

1. Please indicate what financial institution you would like your benefit to be direct deposited into.
2. You may only have ONE account for your direct deposit. PERA cannot split your benefit.
3. You must attach a voided check or a completed direct deposit form from your financial institution. Please DO NOT include a copy of a direct deposit slip.

Section 7

Information About Your Tax Withholding

1. The left-hand section indicates to PERA that you either do or do not want federal income tax to be withheld from your PERA benefit.
2. The right-hand section indicates to PERA that you either do or do not want state income tax to be withheld from your PERA benefit.
3. Both sections indicate to PERA that you either do or do not want to withhold federal and state income taxes based on a specific number of exemptions at either the married, married at single tax rate, or single tax rate. The more exemptions you claim, the lower the amount of taxes that will be withheld from your benefit. PERA uses the most current state and federal tax rates. These rates generally change on January 1 of each year. Even if you do not change your tax withholdings, the amount withheld from your benefit might change due to a change in the tax rate.
4. Indicate on the line "Number of Exemptions Claimed" the number of exemptions you want your withholdings calculated.
5. Under current Federal law, you may designate an additional amount to be withheld in Box 3 without first entering your withholding status and exemption in Box 2 (including zero).
6. PERA cannot accept a percentage in Box 4. Only a flat dollar amount will be accepted.

Section 8

Your Acknowledgment

1. This section acknowledges your application for retirement benefits and that you understand the requirements of completion.
2. To ensure that you receive a benefit for the retirement date chosen, the completed and submitted Application for Volunteer Firefighter Pension along with the following required documents should be sent to PERA no earlier than six (6) months, but not later than sixty (60) calendar days in advance of your effective retirement date. Failure to complete and submit the Application for Volunteer Firefighter Pension and required documentation to PERA in its entirety may result in your retirement benefit being delayed. The completed Application for Volunteer Firefighter Pension and required documentation must be filed with PERA no later than the close of business on the last working day of the month prior to the selected date of retirement in accordance with 2.80.700.10.A(1)NMAC.



Application for Volunteer Firefighter Pension

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 application must be completed in its entirety and returned to PERA via regular mail, fax, or e-mail to pera-memberservices@state.nm.us for processing. Members are encouraged to review the Volunteer Firefighter Retirement Kit guidance. Failure to complete and submit this application and required documentation in its entirety may result in your retirement benefit being delayed.

Section 1 Information About You

Social Security Number or PERA ID | Name (First, Middle Initial, Last)

Date of Birth | Phone Number | Would you like direct correspondence by E-mail? If so, include E-mail Address

Mailing Address | City | State | Zip Code

Section 2 Information About Your Retirement

Last Volunteer Fire Department | 10+ 25+ | Years of Service (select one) | Effective Retirement Date (first day of a month)

Section 3 Information About Your Spouse or Dependent Child

Beneficiary's Name (First, Middle Initial, Last) | Date of Birth | Beneficiary's Social Security Number | Relationship

Beneficiary's Mailing Address | City | State | Zip Code | Phone Number

Section 4 Information About Your Marital Status *Must be signed in presence of a notary

Never Married Married Widowed Divorced

For completion by applicant ***if not married*** at the time of retirement.

I, _____, an applicant for PERA benefits, affirm that I am not currently married. This does not include legal separation.

Signature of Applicant | Date

_____-_____-_____
Social Security Number

or

PERA ID

Section 5

Information About Your Notary

State of _____)

County of _____) SS:

County of _____)

Signed and sworn to (or affirmed) before me by _____ & _____
Applicant's name (please print) Spouse's name, if married (please print)

on this ____ day of _____, _____.

My Commission Expires _____

Notary Public Telephone Number _____ - _____ - _____

Signature of Notary _____

*Notary stamp must be visible

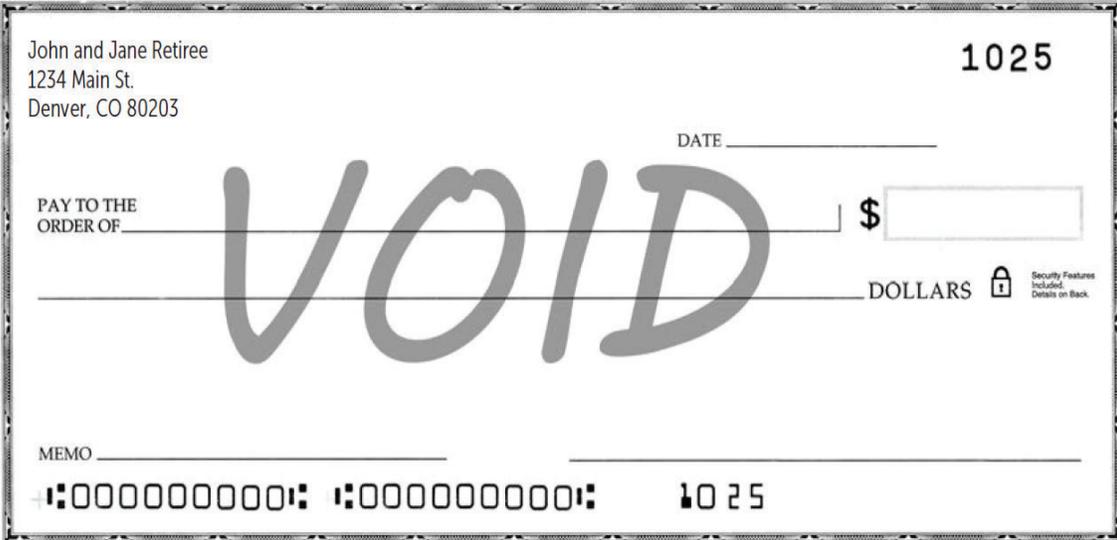
Section 6

Information About Your Financial Institution

Savings Checking

_____ Name of Financial Institution	_____ Routing Number	_____ Account Number
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**YOU MUST ATTACH A VOIDED CHECK OR A COMPLETED DIRECT DEPOSIT FORM FROM YOUR FINANCIAL INSTITUTION HERE
(PLEASE DO NOT INCLUDE A COPY OF A DIRECT DEPOSIT SLIP)**



- -

Social Security Number

or

PERA ID

Section 7

Information About Your Tax Withholding

Federal Withholding Election:

1. **No withholding** - DO NOT withhold federal income tax.
2. **Tax table** - Withhold federal income tax from each benefit payment according to my filing status and number of exemptions I have indicated below:
Filing Status: Married
 Married at a single rate
 Single

NUMBER OF EXEMPTIONS: _____

3. **Tax table plus extra amount** - Withhold federal income tax from each benefit payment according to my filing status and number of exemptions, plus the amount I have entered here \$ _____
4. **Flat dollar amount only** - Withhold \$ _____ in federal tax from each benefit payment (**PERA will not accept a percentage. Only flat dollar amount will be accepted.**)

State Withholding Election:

1. **No withholding** - DO NOT withhold state income tax.
2. **Tax table** - Withhold state income tax from each benefit payment according to my filing status indicated below:
Filing Status: Married
 Married at a single rate
 Single

Effective January 1, 2020, state income tax liability is not reduced based on the number of personal exemptions claimed by a taxpayer. Indicate in box 3 if you would like to have additional taxes withheld and box 4 to withhold a flat dollar amount.

3. **Tax table plus extra amount** - Withhold state income tax from each benefit payment according to my filing status, plus the amount I have entered here \$ _____
4. **Flat dollar amount only** - Withhold \$ _____ in state tax from each benefit payment. (**PERA will not accept a percentage. Only flat dollar amount will be accepted.**)

Section 8

Your Acknowledgment

I am hereby applying for retirement benefits as indicated above. I understand my retirement benefits will begin on the first of the month following the completion of all the following: 1) meeting the age and service requirements for normal retirement; and 2) the completion and submission of the Application for Volunteer Firefighter Pension and required documentation. I certify that the information contained herein is true and correct to the best of my knowledge.

Signature of Applicant

Date