



# 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](mailto: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+ | 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. Signature and date in the presence of a Notary only.**

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 \_\_\_\_\_ )

) SS:

County of \_\_\_\_\_ )

Signed and sworn to (or affirmed) before me by \_\_\_\_\_  
Applicant's name (please print)

on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

Notary Public Telephone Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Signature of Notary \_\_\_\_\_

\*Notary stamp must be visible

**Section 6**

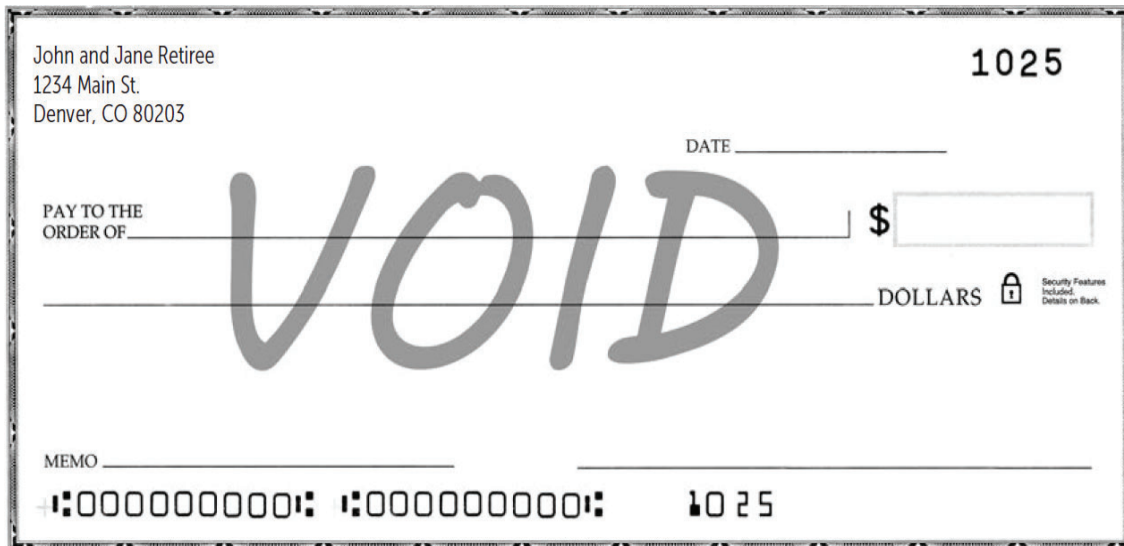
**Information About Your Financial Institution**

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