

701 Camino de los Marquez Santa Fe, NM 87505 (505) 827-8030 (505) 827-1855 fax 6201 Uptown Blvd. NE Ste. 204 Albuquerque, NM 87110 (505) 888-1560 (505) 830-2976 fax

Beneficiary Designation—Form 42 Please see instructions on next page.

Rev. 01/13

Address City State Zip Telephone Number Employer SSN DOB Marital Status (check one) Married Single Divorced - You must complete Section II or III Section II: Beneficiary Information If you wish to give your beneficiary the option to chose either a lump benefit or a lifetime monthly benefit upon your death, list your beneficiary in this section. (You can name only beneficiary, it must be a person, not a trust.) Name: Social Security Number: Relationship: Date of Birth Beneficiary Address: Telephone Number: City: State: Zip: Section III: Beneficiary Information By listing a beneficiary in this section, you hereby reject the Optic coverage, as described in 22-11-29(F), and your beneficiary will not receive a lifetime monthly benefit upon death. The beneficiary listed in this section will receive a lump sum benefit only. Name: Social Security Number: Relationship: Date of Birth Beneficiary Address: Telephone Number: Telephone Number: City: State: Zip: Zip: Zip: State: Zip: Zip: Zip: State: Zip: Zip: Zip: Zip: Zip: Zip: Zip: Zip	Please check one: New For	m 🔲 Beneficiary Chang	је 🗌	Please check one:	Male	Female
Telephone Number	Last Name	First Name		Previous Na	ame (if applica	ble)
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Relationship:	benefit or a lifetime month	nly benefit upon your dea				
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Subscribed and sworn to before me by on the day of 20	I hereby certify that I am the completed and signed by m beneficiary payment, if any, Spouse Signature (Please signature Vertical Public Please Signature Vertical	spouse of the above name by spouse and I hereby fre will be made to such benef in in the presence of a notary.)	eely consent ficiary or ber	to the beneficiary d	esignation n this form.	
				on the day	of	, 20 .
	Notary Public			My Commission Expires		



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Instructions for Beneficiary Designation—Form 42

All active and inactive (non-retired) members covered by the New Mexico Educational Retirement Board must complete ERB Form 42 to designate a beneficiary for their account. See Section 22-11-29 (D)(E) & (G) NMSA 1978 and Paragraph (F) of 2.82.5.13 NMAC. DO NOT complete this form if you are retired.

- · Please print clearly in black ink.
- Complete Sections I, II <u>or</u> III, and IV. If you are married, your spouse must complete Section V. A notary must notarize Sections IV and V. You and your spouse, if you are married, must sign the form in the presence of the notary. Incomplete and/or incorrect forms will be returned to you.
 - ⇒ Section II Beneficiary Information Automatic Option B coverage: If you are vested (five or more years of earned service credit) and die prior to retirement, your named beneficiary may select either a one time lump sum benefit or monthly lifetime benefit (annuity.) You can name only one beneficiary for Option B coverage—naming more than one beneficiary on this form automatically rejects this Option B coverage.
 - ⇒ **Section III Beneficiary(ies) Information**: If you opt out of Option B coverage and die prior to retirement, your named beneficiary(ies) on this form will receive a one time lump sum benefit.
- Complete Section II if you want your beneficiary to qualify for the Option B coverage, as described in §22-11-29(F) NMSA 1978, once you are vested (five or more years of earned service credit.) If you die prior to retirement, your named beneficiary will have the choice to either receive a one time lump sum benefit or monthly lifetime benefit. If you die prior to having earned five years of service credit, your named beneficiary will receive a one time lump sum benefit.
- Complete Section III if you reject the Option B coverage, as described in 22-11-29(F), for your beneficiary or want to name more than one beneficiary. Please note that naming more than one beneficiary automatically rejects the Option B coverage for your beneficiaries. If you want to name more than one beneficiary, you must complete the Beneficiary Designation—Form 42 Addendum.
- Please include any previous names you have had if applicable.
- Beneficiary(ies) may be changed any time prior to retirement.
- In the event of a divorce it is important that you review your existing Beneficiary Designation form to ensure that the desired beneficiary(ies) are named. A divorce does not automatically remove your former spouse as your beneficiary. The Beneficiary Designation Form-42 can be accessed at www.nmerb.org/downloadableforms. Please be advised that beneficiary selections are subject to any court orders regarding the division of the community property portion of your retirement benefit due to divorce.
- If you have never earned prior ERB service and you complete this Beneficiary Designation-Form 42 and are not reported by any ERB covered employer within 90 days, this form will be void and will be destroyed.
- **Upon employment with an NMERB covered entity**, this form must be notarized and returned to the ERB at: PO Box 26129 Santa Fe, NM 87502.



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Beneficiary Designation—Form 42 ADDENDUM

Member Name:	Member SSN:			
Section III(a): Beneficiary Information Use this form your beneficiary and wish to list more than one beneficiar	if you are rejecting the Automatic Option B coverage for to receive a lump sum benefit upon your death.			
Name:	Social Security Number:			
Relationship:				
Beneficiary Address:				
City: State:				
Percentage Allocation: (If no percentage is indicated)	ated the proceeds will be split evenly among those beneficiaries named.)			
Name:	Social Security Number:			
Relationship:	Date of Birth			
Beneficiary Address:	Telephone Number:			
City: State:	Zip:			
Percentage Allocation: (If no percentage is indicated)	ated the proceeds will be split evenly among those beneficiaries named.)			
Name:	Social Security Number:			
Relationship:	Date of Birth			
Beneficiary Address:				
City: State:	Zip:			
Section IV(a): Member Signature I hereby declare that all of the information provided is true and	d complete to the best of my knowledge.			
Member Signature (Please sign in the presence of a notary.)	Date			
Notary Public				
State of New Mexico, County of:				
Subscribed and sworn to before me by	on the day of, 20			
Notary Public	My Commission Expires			
	Date			
Trotary I done	My Commission Expires			