Pre-Retirement Beneficiary Designation Form

Member to mail completed form to address below

MEMBER INFORMATION

☐ New designation ☐ Change designation

Name (First, Middle, Last) | Last 4 digits of SSN XXX–XX– | Gender ☐ M ☐ F

Mailing address

City | State | Zip

Date of birth (mm/dd/yyyy) | Phone | Employer

I hereby authorize NMERB to change my address as indicated above. ☐ No ☐ Yes

Marital status (Required – check ☒ one)

☐ Never married ☐ Married _____ (mm/dd/yyyy) ☐ Married, previously divorced ☐ Divorced ☐ Widowed

I am approved for NMERB disability retirement: ☐ No ☐ Yes

BENEFICIARY DESIGNATION

1. I am married and designating someone other than my spouse as a Beneficiary ☐ No ☐ Yes, see **Spousal Consent**
2. I elect to provide my designated beneficiary(ies) listed below (check ☒ only one coverage option):

☐ **Option B Coverage**: My beneficiary will have the option to select a lifetime benefit or a one-time lump sum payment upon my death. *You can only name one beneficiary and they must be a living person, not be a trust or organization.*

Name (First, Middle, Last) | SSN | Gender ☐ M ☐ F

Mailing address | City | State | Zip

Date of birth (mm/dd/yyyy) | Phone | Relationship to you Choose One

☐ **No Option B Coverage**: My beneficiary(ies) will receive a one-time lump sum payment upon my death. I reject Option B coverage, as described in 22-11-29(F).

Name (First, Middle, Last) | SSN | Gender ☐ M ☐ F

Mailing address | City | State | Zip

Date of birth (mm/dd/yyyy) | Phone | Relationship to you Choose One | % allocation

List additional beneficiaries on page 2.

MEMBER AUTHORIZATION

I hereby declare that all of the information provided on this page is true and complete to the best of my knowledge.

X _____ _____

Member's signature Date (mm/dd/yyyy)

New Mexico Educational Retirement Board (NMERB)
P.O. Box 26129, Santa Fe, New Mexico 87502-0129
Phone: (505) 827-8030 or toll-free 1 (866) 691-2345

Rev 09/22

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☐ **No Option B Coverage** (continued from page 1)

Name (First, Middle, Last)	SSN	Gender ☐ M ☐ F

Mailing address	City	State	Zip

Date of birth (mm/dd/yyyy)	Phone	Relationship to you	% allocation
		Choose One	

Name (First, Middle, Last)	SSN	Gender ☐ M ☐ F

Mailing address	City	State	Zip

Date of birth (mm/dd/yyyy)	Phone	Relationship to you	% allocation
		Choose One	

Name (First, Middle, Last)	SSN	Gender ☐ M ☐ F

Mailing address	City	State	Zip

Date of birth (mm/dd/yyyy)	Phone	Relationship to you	% allocation
		Choose One	

SPOUSAL CONSENT TO WAIVE ENTITLEMENT

I hereby certify that I am the spouse of the above-named Member and have read this Beneficiary Designation form as completed and signed by my spouse. I hereby freely consent to the beneficiary designation made herein. I understand beneficiary payment, if any, will be made to such beneficiary or beneficiaries named on this form.

X _____ _____

Spouse's signature Date (mm/dd/yyyy)

Witnessed in the presence of a Notary Public

Notary Stamp

State of _____ County of _____

Subscribed and sworn to before me by _____ on the ___ day of _____, 20___.

X _____ _____

Notary public signature My commission expires (mm/dd/yyyy)

MEMBER AUTHORIZATION

I hereby declare that all of the information provided on this page is true and complete to the best of my knowledge.

X _____ _____

Member's signature Date (mm/dd/yyyy)

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