



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	Gender
		XXX-XX-	<input type="checkbox"/> M <input type="checkbox"/> 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
			<input type="checkbox"/> M <input type="checkbox"/> F
Mailing address	City	State	Zip
Date of birth (mm/dd/yyyy)	Phone	Relationship to you	

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
			<input type="checkbox"/> M <input type="checkbox"/> F
Mailing address	City	State	Zip
Date of birth (mm/dd/yyyy)	Phone	Relationship to you	% 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)



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No Option B Coverage (continued from page 1)

Name (First, Middle, Last)		SSN	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Mailing address	City	State	Zip	
Date of birth (mm/dd/yyyy)	Phone	Relationship to you	% allocation	

Name (First, Middle, Last)		SSN	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Mailing address	City	State	Zip	
Date of birth (mm/dd/yyyy)	Phone	Relationship to you	% allocation	

Name (First, Middle, Last)		SSN	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Mailing address	City	State	Zip	
Date of birth (mm/dd/yyyy)	Phone	Relationship to you	% allocation	

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

State of _____ County of _____

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

Notary Stamp

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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INSTRUCTIONS

1. **Upon employment with an NMERB covered entity**, this completed form must be returned to the NMERB.
2. **Form must be filled out using black or blue ink only.** Your beneficiary designation request will be rejected if the NMERB receives a copy, email, or fax of the form, and/or if the form contains white-out.
3. If you fail to submit a valid beneficiary designation form, any benefits payable upon your death will be paid to your surviving spouse or domestic partner, or if none, in a one-time lump sum payment to your estate. Proof of marital status or domestic partnership is required.
4. If you are married and designating someone other than your spouse, the Spousal Consent portion of the form **must** be signed by your spouse in the presence of a Notary Public. Failure to do so will result in an incomplete and returned form.
5. **Option B Coverage Beneficiary:** If you are vested (five or more years of earned service credit) and die before your retirement, your named beneficiary may select either a monthly lifetime benefit (annuity) or a one-time lump sum payment. If you die prior to having earned five years of service credit, your named beneficiary will receive a one-time lump sum payment.
You can name only **one** beneficiary for Option B Coverage, as described in §22-11-29 (F) NMSA 1978. Your request will be rejected if you name more than one beneficiary for this option.
6. **No Option B Coverage Beneficiary(ies):** If you reject Option B Coverage, as described in §22-11-29 (F) NMSA 1978, and die before your retirement, your named beneficiary(ies) will receive a one-time lump sum payment. If you have named multiple beneficiaries and no percentage is indicated, the proceeds will be split evenly among those named beneficiaries.
7. You can change your beneficiary(ies) and Option B coverage any time **before** your retirement. If you are currently receiving a disability pension benefit, once you reach age 60, your plan status changes to “retired” and you must choose your retirement pension option.
8. In the event of a divorce it is important that you review your existing beneficiary designation to ensure that your desired beneficiary(ies) are named. A divorce does not automatically remove your former spouse as your plan beneficiary. Fill out and submit a new *Beneficiary Designation* form to make your desired changes.
Beneficiary selections are subject to any court orders regarding the division of the community property portion of your retirement benefit due to divorce. Provide the NMERB with a divorce decree if you divorce at any point during your NMERB participation.
9. If you have never earned prior NMERB service and you complete this *Beneficiary Designation* and are not reported by any NMERB covered employer within 90 days, this form will be void and will be returned to you.
10. Please keep a copy of this beneficiary designation for your records.