



READ INSTRUCTIONS BEFORE COMPLETING

Beneficiary Designation—Form 42

Form must be filled out using blue or black ink only. Copies and/or Forms with white-out will be rejected.

~ Complete Section II or III. Do not complete both. ~See instructions.

Return completed form(s) to: PO Box 26129 Santa Fe, NM 87502-0129

1(866)691-2345 or (505) 827-8030

Section I: Member Information Please check:		<input type="checkbox"/> New Form	<input type="checkbox"/> Beneficiary Change	<input type="checkbox"/> Male	<input type="checkbox"/> Female
SMITH		JOHN	OPTIONAL		
Last Name	First Name	Previous Name (if applicable)			Choose ONE Option
1234 Main Street	Santa Fe	NM	87502		
Address	City	State	Zip		
123-456-0000	Main Street School				
Social Security Number	Employer				Choose ONE Option
Date of Birth	01/01/1965	Telephone Number	555-123-3456		
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Married, previously divorced	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed

Section II: Beneficiary Information: By listing a beneficiary in section II, you are hereby giving your beneficiary the option to select a lifetime benefit (Option B coverage) or a one-time lump sum payment upon your death. (If you select this option, you can only name one beneficiary and it must be a human being, not a trust.)

Name: Cannot be a trust	Social Security Number:	
Relationship: Spouse, daughter, son, etc.	Date of Birth	
Beneficiary Address:	Telephone Number:	
City:	State:	Zip:

Choose only ONE option.
Forms with both options selected out will be rejected.
All fields are mandatory for the option you choose.

Section III: Beneficiary Information: The beneficiary listed in Section III will receive a one-time lump sum payment. By listing a beneficiary in section III you hereby **reject Option B** coverage, as described in 22-11-29 (F), and your beneficiary **will not** receive a lifetime monthly benefit upon your death.

Name: CAN be a trust	Social Security Number:	
Relationship: Spouse, daughter, son, organization, etc.	Date of Birth	
Beneficiary Address:	Telephone Number:	
City:	State:	Zip:
Percentage allocation: (If no percentage is indicated the proceeds will be split evenly among those beneficiaries named.)		
To name multiple beneficiaries (Section III ONLY), see Addendum on 3 rd page.		

Section IV: Member Authorization

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

REQUIRED

Member Signature

Date

Check here if you are married and designating someone other than your spouse as a Beneficiary.

Mandatory: If you are married and designating someone other than your spouse, this portion 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.

Section V: Spousal Consent: I hereby certify that I am the spouse of the above named Member; and that I have read the Designation of Beneficiary form as completed and signed by my spouse; and 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.

Spouse Signature

Date

**A Notary is
REQUIRED for
designating someone
other than your
spouse!**

**Notary
Stamp**

Notary Public

State of _____, County of: _____

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

Notary Public

My Commission Expires

Select either Section II or Section III



Beneficiary Designation—Form 42

Addendum

If attached, your spouse (if married) **MUST** sign in presence of a Notary Public.

This Section is ONLY if you have multiple beneficiaries. They will NOT receive a lifetime benefit.

Member Name: John Smith (your name) Member SSN: 123-456-0000

Section III (a): Beneficiary Information Use this form if you are **rejecting** the Automatic Option B coverage for your beneficiary and wish to list more than one beneficiary to receive a lump sum payment upon your death.

Name: _____ Social Security Number: _____

Relationship: _____ Date of Birth: _____

Beneficiary Address: _____ Telephone Number: _____

City: _____ State: _____ Zip: _____

Percentage Allocation: _____ (If no percentage is indicated 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 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 the proceeds will be split evenly among those beneficiaries named.)

Section IV(a): Member Authorization

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

REQUIRED

Member Signature

Date

Check here if you are married and designating someone other than your spouse as a Beneficiary.

Mandatory: If you are married, and designating someone other than your spouse, this portion 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.

Section V(a): Spousal Consent: I hereby certify that I am the spouse of the above named Member; and that I have read the Designation of Beneficiary form as completed and signed by my spouse; and 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.

Spouse Signature

Date

A Notary is
REQUIRED for
designating someone
other than your
spouse!

Notary
Stamp

Notary Public

State of _____, County of _____

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

Notary Public

My Commission Expires



Instructions for Beneficiary Designation—Form 42

Form must be filled out using blue or black ink only. Copies and/or Forms with white-out will be rejected.

Do NOT complete if retired.

Failure to comply with the instructions will result in an incomplete and rejected form.

Active and inactive (non-retired) members covered by the New Mexico Educational Retirement Board must complete NMERB Form 42 to designate a beneficiary for their account.

See Section 22-11-2 (E) and 22-11-29 (F)(G) & (I) NMSA 1978 and Paragraph (E) & (F) of 2.82.5.13 and Paragraph (B) of 2.82.3.10 NMAC.

- Complete Sections I, II **or** III and IV. If you are married, and designated someone other than your spouse, Section V **MUST** be completed and signed by your spouse in the presence of a notary public. If section V is completed, a notary **must** notarize this section. 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 monthly lifetime benefit (annuity) or a one-time lump sum payment. You can name only one beneficiary for Option B coverage. Naming more than one beneficiary on this form automatically rejects the Option B coverage. Only a named beneficiary may select the monthly benefit option, all other beneficiaries are only eligible for a one-time lump sum payment.
 - ⇒ **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 payment.
- 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) and if you die prior to retirement your named beneficiary will have the choice to either receive a monthly lifetime benefit 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.
- 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 may 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. Provide a divorce decree, if you divorced at any point during your NMERB service.**
- If you have never earned prior NMERB service and you complete this Beneficiary Designation-Form 42 and are not reported by any NMERB covered employer within 90 days, this form will be void and will be returned to you.
- **Upon employment with an NMERB covered entity**, this form must be returned to the NMERB.
- **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.**



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1(866)691-2345 or (505) 827-8030

Section I: Member Information Please check:		<input type="checkbox"/> New Form	<input type="checkbox"/> Beneficiary Change	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Last Name	First Name	Previous Name (if applicable)			
Address	City	State	Zip		
Social Security Number	Employer				
Date of Birth	Telephone Number				
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Married, previously divorced	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed

Section II: Beneficiary Information: By listing a beneficiary in section II, you are hereby giving your beneficiary the option to select a lifetime benefit (Option B coverage) or a one-time lump sum payment upon your death. (If you select this option, you can only name one beneficiary and it must be a human being, not a trust.)

Name:	Social Security Number:	
Relationship:	Date of Birth	
Beneficiary Address:	Telephone Number:	
City:	State:	Zip:

Section III: Beneficiary Information: The beneficiary listed in Section III will receive a one-time lump sum payment. By listing a beneficiary in section III you hereby reject Option B coverage, as described in 22-11-29 (F), and your beneficiary will not receive a lifetime monthly benefit upon your death.

Name: Social Security Number: Relationship:	Date
of Birth	Beneficiary Address:
Telephone Number:	City:
State:	Zip:
Percentage allocation: (If no percentage is indicated the proceeds will be split evenly among those beneficiaries named.)	

Section IV: Member Authorization

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

Member Signature

Date

Check here if you are married and designating someone other than your spouse as a Beneficiary.

Mandatory: If you are married and designating someone other than your spouse, this portion 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.

Section V: Spousal Consent: I hereby certify that I am the spouse of the above named Member; and that I have read the Designation of Beneficiary form as completed and signed by my spouse; and 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.

Spouse Signature

Date

**Notary
Stamp**

Notary Public

State of _____, County of: _____

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

Notary Public

My Commission Expires

Select either Section II or Section III



Beneficiary Designation—Form 42

Addendum

If attached, your spouse (if married) **MUST sign in presence of a Notary Public.**

Member Name: _____ **Member SSN:** _____

Section III (a): Beneficiary Information Use this form if you are **rejecting** the Automatic Option B coverage for your beneficiary and wish to list more than one beneficiary to receive a lump sum payment upon your death.

Name: _____ Social Security Number: _____

Relationship: _____ Date of Birth: _____

Beneficiary Address: _____ Telephone Number: _____

City: _____ State: _____ Zip: _____

Percentage Allocation: _____ (If no percentage is indicated 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 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 the proceeds will be split evenly among those beneficiaries named.)

Section IV(a): Member Authorization

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

Member Signature

Date

Check here if you are married and designating someone other than your spouse as a Beneficiary.

Mandatory: If you are married, and designating someone other than your spouse, this portion 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.

Section V(a): Spousal Consent: I hereby certify that I am the spouse of the above named Member; and that I have read the Designation of Beneficiary form as completed and signed by my spouse; and 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.

Spouse Signature

Date

Notary Stamp

Notary Public

State of _____, County of: _____

Subscribed and sworn to before me by _____ on the day _____ of _____, 20 _____.
(Handwritten signature)

Notary Public

My Commission Expires