



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

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 (a living person or Special Needs Trust), not an organization.*

Name (First, Middle, Last)		SSN/EIN/TIN	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(J).

Name (First, Middle, Last)		SSN/EIN/TIN	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 authorize the NMERB to change my address as indicated above and 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/EIN/TIN		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/EIN/TIN		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/EIN/TIN		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\_\_.

**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)

Notary Stamp



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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 have worked for five or more years and pass away before retiring, your chosen beneficiary has the option to receive either a monthly lifetime benefit (annuity) or a one-time lump sum payment. However, if you pass away before accumulating five years of service credit, your beneficiary will receive a one-time lump sum payment. It's important to note that you can only designate one beneficiary for Option B Coverage, as explained in §22-11-29 NMSA 1978. If you intend to name a Special Needs Trust, please provide proof of the beneficiary's age, along with the required Legal Trust Documentation. Please be aware that designating more than one beneficiary for this option will result in your request being rejected.
6. **No Option B Coverage Beneficiary(ies):** If you reject Option B Coverage, as described in §22-11-29 (J) 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 benefit, at age 60, your status changes to retired at which time you may elect an optional benefit
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.