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

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 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 ☐ M ☐ 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 ☐ M ☐ 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)

New Mexico Educational Retirement Board (NMERB)
5211 Las Soleras Drive Santa Fe, New Mexico 87507
Phone: (505) 585-3510 or toll-free 1 (800) 663-1919

Rev 10/2026

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

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

Mailing address | City | State | Zip

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

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. **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.

5. **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.

6. 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

7. 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.

8. 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.

9. Please keep a copy of this beneficiary designation for your records.

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