



Beneficiary Designation—Form 42

Fill out form using blue or black ink only. Forms with white-out will be rejected. See instructions.

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

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

Section I: Member Information

Please check one: New Form Beneficiary Change Please check one: Male Female

Last Name _____ First Name _____ Previous Name (if applicable) _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Employer _____

SSN _____ DOB _____ Marital Status (check one) Married Single Divorced

~ You must complete Section II or III. ~

Section II: Beneficiary Information

If you wish to give your beneficiary the option to choose either a lump sum benefit or a lifetime monthly benefit upon your death, list your beneficiary in this section. **You can name only one beneficiary, it must be a person, not a trust.**

Name: _____ Social Security Number: _____

Relationship: _____ Date of Birth _____

Beneficiary Address: _____ Telephone Number: _____

City: _____ State: _____ Zip: _____

Section III: Beneficiary Information

By listing a beneficiary in this section, you hereby **reject** the Option B coverage, as described in 22-11-29(F), and your beneficiary **will not** receive a lifetime monthly benefit upon your death. The beneficiary listed in this section will receive a lump sum benefit only.

Name: _____ Social Security Number: _____

Relationship: _____ Date of Birth _____

Beneficiary Address: _____ Telephone Number: _____

City: _____ State: _____ Zip: _____

Complete only one section.

Mandatory (You MUST sign in presence of a Notary Public):

Failure to do so will result in an incomplete and returned form.

Section IV: Member Signature: I hereby declare that all of the information provided is true and complete to the best of my knowledge.

Member Signature _____ Date _____

Notary Public

State of New Mexico, County of: _____

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

Notary Public _____ My Commission Expires _____

Mandatory (If you're married, your spouse MUST sign in 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 Public _____

State of New Mexico, 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

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x Complete Sections I, II or III and IV. If you are married, your spouse must complete Section V. A notary must notarize Sections IV and V. You and your spouse, if you are married, must sign the form in the presence of the notary. Incomplete and/or incorrect forms will be returned to you.

ÿ **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 one time lump sum benefit or monthly lifetime benefit (annuity.) You can name only one beneficiary for Option B coverage naming more than one beneficiary on this form automatically rejects this Option B coverage.

ÿ **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 benefit.

x 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.) If you die prior to retirement, your named beneficiary will have the choice to either receive a one time lump sum benefit or monthly lifetime benefit. If you die prior to having earned five years of service credit, your named beneficiary will receive a one time lump sum benefit.

x 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.**

x Please include any previous names you have had if applicable.

x Beneficiary(ies) may be changed any time prior to retirement.

x 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. 3 U R Y L G H D ' L Y R U F H ' H F U H H L I \ R X G L Y R U F H G D W D Q \ S

x If you have never earned prior 1 0ERB service and you complete this Beneficiary Designation-Form 42 and are not reported by any 1 0ERB covered employer within 90 days, this form will be void and will be destroyed.

x **Upon employment with an NMERB covered entity**, this form must be notarized and returned to the 1 0ERB at: PO Box 26129 Santa Fe, NM 87502.

Beneficiary Designation—Form 42 Addendum

If attached, you and your spouse 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 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.)

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.)

Mandatory (You MUST sign in presence of a Notary Public): Failure to do so will result in an incomplete and returned form.
Section IV(a): Member Signature: I hereby declare that all of the information provided is true and complete to the best of my knowledge.

 Member Signature _____
Date Notary Public

State of New Mexico, County of: _____

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

 Notary Public _____
My Commission Expires

Mandatory (Your spouse MUST sign in 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 Public

State of New Mexico, County of: _____

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

 Notary Public _____
My Commission Expires