Rev. 11/19

READ INSTRUCTIONS BEFORE COMPLETING

NEW MEXICO EDUCATIONAL RETIREMENT NMERB

Select either Section II or Section

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.

s	Return completed form(s) to: PO Box 2612	9 Santa Fe, NM 87502-01	<u>29</u> 1(800)091	2345 or (505) 827-8030
	Section I: Member Information Please che	eck: New Form	n 🔄 Beneficiary Change	Male Female
5	SMITH	JOHN	OPTIONAL	
La	ast Name Fi	rst Name	Previous Name (if ap	plica Choose ONE Option
	1234 Main Street	Santa Fe		07000
		City	State	Zip
<u>1</u> <u>5</u>	I 23-456-0000 Social Security Number	Main Street Schoo	01	
		1 9	FFF 102 24FC	Choose ONE Option
D	Date of Birth 01/01/1965	Telephone Number	000-120-0400	
N	Aarital Status: Single Marr	ied Married, previ	ously divorced Divorced	Widowed
s	Section II: Beneficiary Information: By Instead of By) or a one-time lump sur	n payment upon your death. (If	
c	an only name one beneficiary and it must b	e a human being, not a t	trust.)	
١.	Is a Cannot be a trust	0	ocial Socurity Number	
	Name: Cannot be a trust		ocial Security Number:	
	Relationship: <u>Spouse, daughter, son</u> ,			Forms with both options
B	Beneficiary Address:		Telephone Number:	selected out will be reject
	City:			All fields are mandatory the option you choose.
F E C F I n	Name: <u>CAN be a trust</u> Relationship: <u>Spouse, daughter, son,</u> Beneficiary Address: City: Percentage allocation: (If no r To name multiple beneficiaries (Section II IV: Member Authorization r declare that all of the information provided	organization, etc. State: percentage is indicated the r I ONLY), see Addendum	Telephone Number: Zip: proceeds will be split evenly among th on 3 rd page.	
			the best of my knowledge.	
Оy				
оу _	Member Signature	RE		
	Member Signature	REC	QUIRED Date	
-	Member Signature		Date	
Che lat re: on		ting someone other than someone other than yo will result in an incomple at I am the spouse of the my spouse; and I he	Date In your spouse as a Beneficiar ur spouse, this portion MUST I bete and returned form. The above named Member; and the preby freely consent to the ficiary or beneficiaries named on A Notary is	be signed by your spouse i at I have read the Designatic beneficiary designation m thisform.
	eck here if you are married and designating sory: If you are married and designating s sence of a Notary Public. <u>Failure to do so</u> on V: Spousal Consent: I hereby certify the iary form as completed and signed by I understand beneficiary payment, if any, w	ting someone other than someone other than yo will result in an incomple at I am the spouse of the my spouse; and I he ill be made to such bene	Date In your spouse as a Beneficiar ur spouse, this portion MUST I ate and returned form. a above named Member; and the a above named on a bove named on a bove named on a bove named on a bove named on b consent to the b consent to the consent to the consent to the consent to 	be signed by your spouse i at I have read the Designatic beneficiary designation rr
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the state on ficination of the state of the	eck here if you are married and designating sory: If you are married and designating sence of a Notary Public. Failure to do so Y: Spousal Consent: I hereby certify that iary form as completed and signed by I understand beneficiary payment, if any, w Spouse Signature Public	ting someone other than yo someone other than yo will result in an incomple at I am the spouse of the my spouse; and I he ill be made to such bene Date	Date In your spouse as a Beneficiar ur spouse, this portion MUST I be and returned form. The above named Member; and the preby freely consent to the ficiary or beneficiaries named on A Notary is REQUIRED for designating someone other than your	be signed by your spouse i at I have read the Designatic beneficiary designation m thisform.
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NEW MEXICO	Beneficiary Designation—Form 42
R E T I R E M E N T	Addendum

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

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

Member Name: John Smith (your name)

Member SSN: 123-456-0000

Name:	Social Security Number:
	Date of Birth
	Telephone Number:
	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:	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
-	Telephone Number:
	Zip:
Percentage Allocation:	(If no percentage is indicated the proceeds will be split evenly among those beneficiaries named.
y declare that all of the informatio	n provided is true and complete to the best of my knowledge.
	REQUIRED
Member Signature	REQUIRED
Member Signature heck here if you are married an atory: If you are married, and pouse in the presence of a l on V(a): Spousal Consent: 1 / ation of Beneficiary form as comp	REQUIRED Date Date Date Date Date Date Date Dat
Member Signature heck here if you are married an atory: If you are married, and pouse in the presence of a l on V(a): Spousal Consent: 1 / ation of Beneficiary form as comp	REQUIRED Date Date Date Date d designating someone other than your spouse as a Beneficiary. d designating someone other than your spouse, this portion MUST be signed by Notary Public. Failure to do so will result in an incomplete and returned form. Thereby certify that I am the spouse of the above named Member; and that I have read the poleted and signed by my spouse; and I hereby freely consent to the beneficiary designation ayment, if any, will be made to such beneficiary or beneficiaries named on this form.
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Member Signature heck here if you are married an atory: If you are married, and pouse in the presence of a pouse in the presence of a pouse in the presence of a pouse of Beneficiary form as comp herein. I understand beneficiary participant Spouse Signature	REQUIRED Date Date Date Date d designating someone other than your spouse as a Beneficiary. d designating someone other than your spouse, this portion MUST be signed by Notary Public. Failure to do so will result in an incomplete and returned form. Thereby certify that I am the spouse of the above named Member; and that I have read the obleted and signed by my spouse; and I hereby freely consent to the beneficiary designation ayment, if any, will be made to such beneficiary or beneficiaries named on this form. A Notary is
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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 <u>or</u> 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 <u>must</u> 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.

Rev. 05/19

READ INSTRUCTIONS BEFORE COMPLETING

Beneficiary Designation—Form 42

Return completed form(s) to: PO Box 28129 Santa Pe, NM 87502-0129 1(866)691-2345 or (605) 827-8030 Section 1: Member Information Please check: New Form Beneficiary Change Male Fernale Last Name First Name Previous Name (if applicable) Address Zip Social Security Number Employer Date of Birth Telephone Number Widowed Section II: Beneficiary Information: By listing a beneficiary in section II, you are hereby giving your beneficiary the option to ear only name one beneficiary and it must be a human being, not a trust.) Name:	Return completed form(s) to: P	~ Complete Section II or III. Do not co			or (505	1 827-	8030
Last Name First Name Previous Name (if applicable) Address City State Zip Social Security Number Employer							
Address City State Zip Social Security Number Employer Date of Birth Telephone Number Widowed Marital Status: Single Married Married, previously divorced Divorced 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:						Ш.	i onnaio
Social Security Number Employer Date of Birth	Last Name	First Name	Previous Name	e (if applicat	ble)		
Date of Birth Telephone Number Marital Status: Single Married Married, previously divorced Divorced Widowed Section II: Beneficiary Information: By listing a beneficiary in section II, you are hereby giving your beneficiary the option to select al lifetime beneficiary and it must be a human being, not a trust.) Name:	Address	City	State		Zip		
Marital Status: Single Married Married, previously divorced Divorced Widowed Section II: Beneficiary Information: By listing a beneficiary in section II, you are hereby giving your beneficiary the option to select al lifetime beneficiary and it must be a human being, not a trust.) Name:	Social Security Number	Employer					
Section II: Beneficiary Information: By listing a beneficiary in section II, you are hereby giving your beneficiary the option to select a lifetime beneficiary and it must be a human being, not a trust.) Name:	Date of Birth	Telephone Number					
sete at 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:	Marital Status: Single	Married Married, previously	v divorced Divorc	ed	Widowe	ed	
Relationship:	select a lifetime benefit (Option E	3 coverage) or a one-time lump sum pa	yment upon your death				
Beneficiary Address:	Name:	Social S	ecurity Number:				
City:	Relationship:		Date of Birth				
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:	Beneficiary Address:		Telephone Number: _				
Isiting 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:	City:	State:	Zip:				
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Percentage allocation: (If no percentage is indicated the proceeds will be split evenly among those beneficiaries named.) on IV: Member Authorization	listing a beneficiary in section III y will not receive a lifetime monthly Name:	tion: The beneficiary listed in Section II you hereby <u>reject</u> Option B coverage, a y benefit upon your death. Social	I will receive a one-time s described in 22-11-29 Security Number	e lump sun (F), and <u>y</u>	n payme your ber	ent. By	y ary
on IV: Member Authorization aby 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. Idatory: If you are married and designating someone other than your spouse, this portion MUST be signed by your spouse resence of a Notary Public. Failure to do so will result in an incomplete and returned form. on V: Spousal Consent: I hereby certify that I am the spouse of the above named Member; and that I have read the Designative form as completed and signed by my spouse; and I hereby freely consent to the beneficiary designation made erstand beneficiary payment, if any, will be made to such beneficiary or beneficiaries named on this form. Spouse Signature Date y Public Date	listing a beneficiary in section III y will not receive a lifetime monthly Name: Relationship: Beneficiary Address:	tion: The beneficiary listed in Section II you hereby <u>reject</u> Option B coverage, a y benefit upon your death. Social Date c	I will receive a one-time s described in 22-11-29 Security Number of Birth elephone Number:	e lump sun 9 (F), and y	n payme your ber	ent. By	y ary
be 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. datory: If you are married and designating someone other than your spouse, this portion MUST be signed by your spouse are sence of a Notary Public. Failure to do so will result in an incomplete and returned form. ton V: Spousal Consent: I hereby certify that I am the spouse of the above named Member; and that I have read the Designatificiary form as completed and signed by my spouse; and I hereby freely consent to the beneficiary designation made erstand beneficiary payment, if any, will be made to such beneficiary or beneficiaries named on this form. Spouse Signature Date ry Public Date	listing a beneficiary in section III y will not receive a lifetime monthly Name: Relationship: Beneficiary Address: City:	tion: The beneficiary listed in Section II /ou hereby <u>reject</u> Option B coverage, a y benefit upon your death. Social Date c Te State:	I will receive a one-time s described in 22-11-29 Security Number of Birth elephone Number: Zip:	e lump sun	n payme your ber	ent. By	У агу
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Notary Public

Select either Section II or Section III

My Commission Expires



Beneficiary Designation—Form 42 Addendum

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

	Information Use this form if you are rejecting the Automatic Option B coverage for more than one beneficiary to receive a lump sum payment upon your death.
Name:	Social Security Number:
	Date of Birth
	Telephone Number:
	State: Zip:
	(If no percentage is indicated the proceeds will be split evenly among those beneficiaries named
Name:	Social Security Number:
	Date of Birth
	Telephone Number:
	State: Zip:
	(If no percentage is indicated the proceeds will be split evenly among those beneficiaries named
Name:	Social Security Number:
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y declare that all of the information Member Signature heck here if you are married and atory: If you are married, and pouse in the presence of a N on V(a): Spousal Consent: <i>I ha</i> ation of Beneficiary form as completerein. <i>I understand beneficiary pa</i> Spouse Signature Public, Coun	n provided is true and complete to the best of my knowledge. Date d designating someone other than your spouse as a Beneficiary. I designating someone other than your spouse, this portion MUST be signed by Notary Public. Failure to do so will result in an incomplete and returned form. ereby certify that I am the spouse of the above named Member; and that I have read the leted and signed by my spouse; and I hereby freely consent to the beneficiary designation ayment, if any, will be made to such beneficiary or beneficiaries named on this form. Date Notary Stamp