



NEW MEXICO
EDUCATIONAL
RETIREMENT
BOARD

701 Camino de los Marquez Santa Fe, NM 87505 (505) 827-8030 (505) 827-1855 fax
6201 Uptown Blvd. NE Ste. 204 Albuquerque, NM 87110 (505) 888-1560 (505) 830-2976 fax

Beneficiary Designation—Form 42

All members covered by the New Mexico Educational Retirement Board must complete ERB Form 42 to designate a beneficiary for their account. See Section 22-11-29 (D)(E) & (G) NMSA 1978 and Paragraph (F) of 2.82.5.13 NMAC.

Upon employment with an ERB covered entity, this form must be notarized and returned to the NMERB at: PO Box 26129 Santa Fe, NM 87502. Please see reverse page for instructions on completing this form.

Please check one: New Form Beneficiary Change

Section I: Member Information			
Social Security Number: _____ - _____ - _____		Date of Birth: ____/____/____	
_____	_____	_____	
Last Name	First Name	Previous Name (if applicable)	
Address _____		City _____	State _____ Zip _____
(_____) _____	_____		
Telephone Number	Employer		
Marital Status: _____		Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>

Section II: Beneficiary Information	
Name: _____	Social Security Number: _____ - _____ - _____
Relationship: _____	Date of Birth ____/____/____
Beneficiary Address: _____ Telephone Number: (_____) _____	
City: _____	State: _____ Zip: _____

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

Member Signature (Please sign in the presence of a notary)

Date

Section III: Notary Public	
State of New Mexico)	
County of:)	
)	
Signed and sworn to before me by _____ on the day _____ of _____, 20_____	
My commission expires: _____	_____ Notary Public



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Instructions for Beneficiary Designation—Form 42

Form 42 Instructions:

- If you complete this Beneficiary Designation—Form 42 but are not reported by any NMERB covered employer within 90 days, this form will be void and will be destroyed.
- Please print clearly in black ink.
- Complete Sections I, II; a notary must complete Section III and you must sign the form in the presence of the notary; incomplete and/or incorrect forms will be returned to the member.
- Please include any previous names if applicable.
- The designated beneficiary on Section II of this form will receive a refund of employee contributions upon death of the member if the member is not yet vested; if the member is vested, the designated beneficiary on this form will be eligible to receive a survivor's benefit upon death of the member. The beneficiary may be changed any time prior to retirement.
- **Upon employment with an NMERB covered entity**, this form must be notarized and returned to the NMERB at: PO Box 26129 Santa Fe, NM 87502.