



BENEFICIARY DESIGNATION

PLEASE CHECK ONE: New Form *Change to existing information*

All members covered by the New Mexico Educational Retirement Board must complete ERB Form 42 to designate a beneficiary for this account. (NMSA 22-11-29 G., NMAC 2.82.5.13).

- Please print clearly in black ink.
- Complete Section I, II and III. Incomplete forms will be returned to member.
- If you have used a previous name please include. We will need to combine any prior service with your current account.
- The person(s) you name on this document *prior to retirement will be the only* beneficiary(s) considered for this account.
- You may change your beneficiary designation any time prior to retirement.
- You may designate one or more persons, trust, or estate as your beneficiary(s).
- If your beneficiary is a minor, payments will be made to a trust, guardian or held until the minor attains age 18.
- All forms must be notarized and returned to the New Mexico Educational Retirement Board at the following address:

P. O. Box 26129
Santa Fe, NM 87502

Section I: MEMBER INFORMATION

Social Security Number: _____ - _____ - _____

Last Name: _____ First Name: _____

Previous Name: _____ Martial Status: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone No: _____

Are you retired from P.E.R.A.? Yes No

Are you retired from ERB? Yes No

Date of Birth: ____ / ____ / ____

Section II: Beneficiary Information

I designate the person(s) named below as my beneficiary(s) of my ERA account.

(1) Name: _____ Social Security No.: _____

Relationship: _____ Date of Birth: _____

Beneficiary Address: _____ Telephone No.: _____

City: _____ State: _____ Zip Code: _____

(2) Name: _____ Social Security No.: _____

Relationship: _____ Date of Birth: _____

Beneficiary Address: _____ Telephone No.: _____

City: _____ State: _____ Zip Code: _____

(3) Name: _____ Social Security No.: _____

Relationship: _____ Date of Birth: _____

Beneficiary Address: _____ Telephone No.: _____

City: _____ State: _____ Zip Code: _____

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

Members Signature: _____ Date: _____

Section III: Notary Public

State of New Mexico)

County of:)

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

My commission expires:

Notary Public