



APPLICATION FOR RETIREMENT INSTRUCTIONS

MEMBER INFORMATION

Include your work and home telephone numbers so we can contact you if we have questions. List your last employer even if you have been in an inactive status and indicate if you have had previous employment with the Public Employees Retirement Association (PERA).

The beneficiary information must be completed if you wish an estimate based on the optional forms of payment. This will provide you with an estimate. You will make a final irrevocable determination when you receive your final retirement documents.

VERIFICATION OF DATE OF BIRTH

Verification of the member's date of birth must accompany the retirement application. This verification may be a copy of one of the following documents: birth certificate, delayed birth certificate, baptismal certificate, passport; application for a life insurance policy that has been in force for two or more years, United States Census record, or other evidence subject to acceptance by the ERB. If you are requesting Option B and Option C calculations you must include verification of date of birth for your beneficiary.

EFFECTIVE DATE OF RETIREMENT

The effective date of retirement for members completing the academic school year is July 1, otherwise, the effective date of retirement may be the first day of the month following termination of employment or following receipt of the retirement application by the ERB, whichever is later.

The application should be filed 60 to 90 days prior to the expected date of retirement.

NORMAL AND OPTIONAL FORM OF PAYMENT

There are three optional forms of benefit payment available. These forms of payment are the Normal Benefit, Option B, and Option C. If the member elects the Normal Benefit there is no reduction to the monthly benefit and there is no continuing

benefit due a beneficiary or estate, except the balance, if any, of the contributions less benefits paid. If the member elects option B, the monthly benefit is reduced to provide for a 100% survivors benefit. If the member elects Option C, the monthly benefit is reduced to provide for a 50% survivor benefit. The benefit reduction with an Option B or C form of payment is based on the age of the member and the age of the beneficiary at the time of retirement. The form of payment election and the beneficiary designated are irrevocable. The decision is made with the Final Selection of Benefits form which ERB will send to you.

ADDITIONAL INFORMATION

MONTHLY BENEFIT PAYMENTS

For your convenience the ERB will electronically transfer your retirement benefit into your bank account or other financial institution. This method has proven to be a safe and fast way of conducting this type of financial transaction.

The pre-note process requires that the first benefit payment be mailed to your home address. Thereafter your monthly benefit will be electronically sent to your selected financial institution on the last day of each month.

If the applicant is employed at the time the application is filed, the initial benefit payment will be estimated. This estimate will be based on salary information provided by the employer before final payment has been made to the member, which may include annual leave. After the final salary information has been received and confirmed by the ERB, the benefit will be recalculated and retroactively adjusted, if necessary.

COMMUNITY PROPERTY AND RETIREMENT BENEFITS

The retired members' benefit is not generally assignable either in law or in equity and is not subject to execution, levy, attachment, garnishment or other legal process, except that any portion awarded to a former spouse in a court decree is paid directly to the former spouse when directed by the courts.



APPLICATION FOR RETIREMENT

SECTION I: MEMBER INFORMATION *(To be completed by the member)*

Name _____ SSN _____ - _____ - _____

Cell/Home Telephone: _____ Work Telephone: _____

Mailing Address _____

City _____

State _____ Zip Code _____

Date of birth _____ Sex _____

(proof of age must accompany this application)

Last employer covered under ERB _____ Do you have PERA Service: Yes _____ No _____

The Educational Retirement Board will provide you with a calculation of your retirement benefit under the Normal Benefit, Option B, and Option C forms of payment. Please see below to view optional forms of payment. If you are interested in Options B or C please provide us with the following information and proof of beneficiary's age. If you are not interested in B or C calculations please leave this section blank. You will provide beneficiary information with your Final Selection of Benefit form which ERB will send to you.

Name _____ SSN _____ - _____ - _____

Beneficiary's date of birth _____ Sex _____ Relationship _____

I hereby apply for retirement as provided by the New Mexico Educational Retirement Act to become effective _____. I understand that if I am employed by more than one NMERB employer I must submit a separate application from each employer.

Signature _____ Date _____

OPTIONAL FORMS OF PAYMENT

NORMAL OPTION

This option provides you the largest monthly sum upon retirement.

The benefit ends upon the member's death.

A beneficiary will only receive any balance left of the member's contributions plus interest.

OPTION B

The member's benefit is reduced.

Your beneficiary receives the same benefit upon your death.

The member will receive the Normal Option if the beneficiary pre-deceases the member.

OPTION C

The member's benefit is reduced, but by a lesser amount than Option B.

Your beneficiary receives 1/2 of your benefit upon your death.

The member will receive the Normal Option if the beneficiary pre-deceases the member.



EMPLOYER CERTIFICATION

For _____ SSN# _____ - _____ - _____

Section II: EMPLOYER CERTIFICATION (To be completed by the employer)

Member's last date of employment _____ Position Held _____

Was this employment for 218 days or more per academic year: Yes _____ No _____

- Nine month employees completing the academic year must have an effective retirement date of July 1st.
- Members who are employed 218 or more days in an academic year may retire the 1st day of the month following termination or following ERB's receipt of the retirement application, whichever is later.

All salaries applicable to the member's final calendar quarter of employment, including annual leave up to a maximum of 240 hours, must be reported. Payments made for "unused sick leave" or "early retirement incentives" are not reported for retirement purposes.

Please report salaries paid in the last two quarters of the member's employment.

September \$ _____

March \$ _____

December \$ _____

June \$ _____

Contact Person _____ Telephone Number _____

I hereby certify to the New Mexico Educational Retirement Board that the information provided in Section II is accurate.

Employer

Signature of Authorized Official

Date

Title of Authorized Official

If the member's application is received after the effective date desired by the member the NMERB may only change the effective date if the delay in filing was due to a delay in processing by the employer and not due to the fault of the member. A written statement from the employer to the director is required.

Mail the completed application to the mailing address below:

*New Mexico Educational Retirement Board
Physical address: 701 Camino De Los Marquez
Mailing address: P.O. Box 26129
Santa Fe, New Mexico 87502-0129*

*Toll Free: 1 (866) 691.2345
Phone: (505) 827.8030
Fax: (505) 827.1855
Web Site: www.nmerb.org*



APPLICATION FOR RETIREMENT CHECKLIST

In order to prevent a delay in processing your retirement, please check your application for any missing or incomplete information. Use this check list to confirm that all information is provided.

Missing or incomplete information will require that the application be returned to your employer.

Section I: Member and Beneficiary Information

Member Information

- Member name
- Member address (City, State, Zip)
- Member sex
- Members effective date of retirement
- Date of application
- Member SSN
- Member DOB
- Members last employer
- Members home telephone (if any)
- Signature of member
- Copy of either birth certificate, baptismal, passport or other evidence acceptable to ERB (see Application for Retirement instructions)

Beneficiary Information

(ONLY if requesting information about option B and C form of payment)

- Beneficiary name
- Beneficiary DOB
- Beneficiary relationship
- Beneficiary SSN
- Beneficiary sex
- Copy of either birth certificate, baptismal, passport or other evidence acceptable to ERB

Section II: Employer Information

- Last date of employment
- Unpaid annual leave (up to 240 hrs.)
- Signature of authorized official
- Title of authorized official
- Estimated final wages (must include all)
- Employer name
- Date signed