



PUBLIC EMPLOYEES RETIREMENT ASSOCIATION OF NEW MEXICO

PUBLIC EMPLOYEES RETIREMENT BOARD

P.O. Box 2123, Santa Fe, New Mexico 87504-2123
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www.pera.state.nm.us

APPLICATION FOR VOLUNTEER FIREFIGHTER PENSION FORM

Instructions: Please print or type in dark ink. The original of this form must be completed in its entirety and returned to PERA for processing. Required fields are in ***BOLD ITALICS***

MEMBER INFORMATION		PLEASE TYPE OR PRINT CLEARLY			
<i>SOCIAL SECURITY NUMBER or PERA ID NUMBER</i>					
<i>FIRST NAME</i>		<i>MI</i>	<i>LAST NAME</i>		
<i>MAILING ADDRESS</i>				<i>HOME or CELL TELEPHONE NO.</i>	
				BUSINESS TELEPHONE NO.	
<i>CITY</i>		<i>STATE</i>	<i>ZIP</i>	<i>GENDER</i> MALE FEMALE	
<i>DATE OF BIRTH</i>	<i>MARITAL STATUS</i> NEVER MARRIED MARRIED DIVORCED WIDOW				
<i>PLANNED TERMINATION DATE</i> <small>Date you leave/left employment</small>			<i>EFFECTIVE RETIREMENT DATE</i> <small>First day of a month</small>		
<i>NAME OF VOLUNTEER FIRE DEPARTMENT</i>					
BENEFICIARY DESIGNATION INFORMATION					
<p>You may designate <u>EITHER</u> a spouse or one dependent child (child under the age of eighteen 18) as a beneficiary. In the event of the retiree's death, the designated survivor beneficiary will receive an annuity equal to two-thirds of the retirement paid to the retiree. The annuity paid to a spouse will cease upon the surviving spouse's marriage or death and the annuity paid to a dependent child will cease when the child reaches the age of 18 or upon the child's death, whichever comes first.</p> <p>Please provide the full name, social security number, address and date of birth of your beneficiary. You must submit proof of age for yourself and your beneficiary as well as a copy of your marriage certificate and/or divorce decrees and property settlement agreements.</p>					
<i>BENEFICIARY'S NAME</i>		<i>SSN</i>		<i>DATE OF BIRTH</i> <small>(mm/dd/ccyy)</small>	
<i>ADDRESS</i> STREET		CITY		STATE	ZIP
APPLICANT'S STATEMENT					
<p>I _____ do hereby apply for pension benefits as indicated above. I understand my benefit payments will begin the first of the month following the completion of all the following; 1) my meeting the age and service requirements for normal retirement and 2) the filing of a completed application for pension. I certify that the information contained herein is true and correct to the best of my knowledge.</p>					
<i>SIGNATURE OF APPLICANT</i>				<i>DATE</i>	