



PUBLIC EMPLOYEES RETIREMENT ASSOCIATION OF NEW MEXICO
PUBLIC EMPLOYEES RETIREMENT BOARD
 P.O. Box 2123, Santa Fe, New Mexico 87504-2123
 (505) 476-9401 fax (505) 476-9300 voice (800) 342-3422 Toll-Free
www.pera.state.nm.us

WAIVER OF DIRECT DEPOSIT

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*****

PLEASE TYPE OR PRINT CLEARLY			
<i>NAME</i>	First	Middle Initial	Last
<i>SOCIAL SECURITY NUMBER or PERA ID NUMBER</i>			
<i>MAILING ADDRESS</i>		City	State Zip
<i>HOME or CELL TELEPHONE NO.</i>		<i>RETIREMENT DATE</i>	

I, _____ waive the Public Employees Retirement Association ("PERA") provision for electronic transfer of my pension payments to my financial institution.

Reason for waiver

In accordance with PERA Rule 2.80.700.10 B(4) NMAC, I hereby authorize PERA to mail my pension payments to me directly at the address shown above. I understand that it is my responsibility to provide PERA with any change of address.

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

SIGNATURE OF BENEFIT RECIPIENT

DATE OF SIGNATURE

NOTARIZATION OF BENEFIT RECIPIENT S SIGNATURE In The Presence Of A Notary

State of New Mexico)
) SS:
 County of _____)

Signed and sworn to (or affirmed) before me by _____ on this the _____ day of

_____, _____.

My Commission Expires _____

Notary Public Telephone No: _____ - _____ - _____ Notary Signature _____