

AFFIDAVIT TO AFFIRM NON-ABILITY TO OBTAIN SPOUSAL CONSENT FORM

Instructions: Please print or type in a 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**. No correction fluid will be allowed on notarized form.

PLEASE PRINT CLEARLY

SOCIAL SECURITY NUMBER or PERA ID NUMBER _____

NAME _____
First Middle Initial Last

MAILING ADDRESS _____
Street City State Zip

HOME or CELL TELEPHONE (_____) _____ - _____

I, _____, an applicant for retirement benefits affirm that I am unable to obtain spousal consent of _____ because:
Name of Spouse

MOST RECENT INFORMATION FOR MISSING SPOUSE:

Mailing Address City State Zip

Telephone or Cell Number E-mail address

I acknowledge that I understand that because I am married and have not provided a completed *PERA Spousal Consent Form*, the PERA Act requires that I will retire under Form of Payment C with my spouse

_____ named as survivor beneficiary.
Name of spouse

SIGNATURE OF RETIREE – in the presence of a notary _____ **DATE** _____

PERA Rule 2.80.700.10.A(5)NMAC requires that the retiring member provides PERA with an affidavit stating why the member has been unable to obtain spousal consent and provide the most recent contact information for the spouse.

NOTARIZATION OF RETIREE S SIGNATURE Member's Signature Must Be Done 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 _____

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