



Re: Alternate Payee Information Verification

You must provide the information below so we can continue to process your court order. Please complete this form, and return promptly.

Alternate payee information

Alternate payee name	Date of birth (mm/dd/yyyy)	Social Security number*
Address		Phone number

Alternate payee signature

Date

You may return this form in person, by mail, or fax.

Mail: PERS Divorce Unit, PO Box 23700, Tigard, OR 97281-3700

Fax: 503-431-8298

In person: PERS Headquarters, 11410 SW 68th Parkway, Tigard, OR 97223

If you have questions, please contact the PERS Divorce Unit at 503-431-8295.

Member information

Member name	Member's PERS number
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*Providing your Social Security number (SSN) is mandatory, and PERS is authorized to request it under provisions of the Internal Revenue code. It will primarily be used to comply with mandatory IRS reporting. It may also be used for confirmation purposes or recovery of overpaid funds.

In compliance with the American with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling 503-598-7377, toll free 888-320-7377, or TTY 503-603-7766.

Office use only	
<input type="checkbox"/> PERS	<input type="checkbox"/> IAP <input type="checkbox"/> OPSRP
<input type="checkbox"/> Member <input type="checkbox"/> Alternate payee	
<input type="checkbox"/> Cross reference member SSN	