

Alternate Payee Estimate Request (when ex-spouse is a Tier One or Tier Two member)

Important: Read instructions before you complete and submit the enclosed form.

- Make sure all sections of the form are completed.
- Type or print clearly in dark ink. Illegible forms could be returned, which could delay your request.
- Do not change anything on the form; alterations will void the form.
- Mail form to PERS, PO Box 23700, Tigard OR 97281-3700. You can also fax the form to Customer Service at 503-598-0561.

Section A: Alternate payee (AP) information

Fill in the member information section completely.

- Enter your name.
- Enter your mailing address.
- Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it could take PERS staff longer to process your form.
- If you do not know your PERS number, leave the space provided blank.
- Enter your date of birth in the area provided.
- We advise you to provide your phone number so we can reach you with information or questions about your form. If you prefer not to be contacted by phone, leave that field blank.
- If you do not have an e-mail address or prefer not to be contacted through e-mail, leave that field blank.

Section B: Residency information

Please check the box that reflects whether or not you expect to be a resident of the state of Oregon when you begin to receive your retirement benefit. Your estimated benefit will be calculated based your expected residency. Therefore, providing your expected residency will result in a more accurate benefit estimate.

Section C: Retirement dates

PERS will provide two estimates free of charge in a calendar year. We can only provide estimates for retirement dates within the upcoming 24 months. Estimates are not provided for the Individual Account Program (IAP).

Enter the month and year you want to start your retirement benefits as alternate payee. You cannot retire your alternate payee account until your ex-spouse reaches his/her earliest retirement eligibility date.

If you are eligible and want to begin receiving your alternate payee benefit at your ex-spouse's earliest retirement eligibility date, enter "Member's earliest eligibility" in the AP retirement date box. If you do not know the member's earliest retirement eligibility date, leave the box blank.

For general service members, early retirement age is 55. For police and firefighter members, early retirement age is 50. A member is eligible to retire the first of the month after the month in which he/she reaches early retirement age.

Section D: Member information

Enter your ex-spouse's name and his/her year of birth.



11410 SW 68th Parkway, Tigard OR 97223
 Mailing Address – PO Box 23700, Tigard OR 97281-3700
 Toll free – 888-320-7377 Fax – 503-598-0561
 Website – <http://oregon.gov/pers>



Alternate Payee Estimate Request

This form is strictly for the PERS Tier One/Tier Two Program. Call PERS or visit our website if this is not the form you need.

Section A: Alternate payee (AP) information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

First name	MI	Last name	Social Security number*								
			<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Mailing address (street or PO box)			PERS number (optional)								
City	State	Zip	Country								
			Date of birth (mm/dd/yyyy)								
Day phone number	Evening phone number		E-mail (optional)								

Section B: Retirement dates

For purposes of this estimate, please assume the following:

- I will be a resident of the state of Oregon when the benefits are paid.
- I will not be a resident of the state of Oregon when the benefits are paid.

Section C: Retirement dates

AP retirement date (mm/yyyy)	Member's earliest retirement eligibility date (mm/dd/yyyy)

Section D: Member information

Member's name	Member's birth year (yyyy)

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

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.
 In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling toll free 888-320-7377 or TTY 503-603-7766.