

## PERS Alternate Payee Benefit Application

### General information

- Alternate payees must designate a beneficiary(ies) at the time of application to ensure the information is current. We cannot process your application without your Designation of Beneficiary form, regardless of the option elected.
- You can expect to receive your first payment 60 to 90 days after your retirement date. If your first payment is delayed, you will receive payments retroactive to your effective retirement date.
- PERS highly recommends you sign up for direct deposit. Under this program, your monthly benefits are automatically deposited into your checking or savings account. This will ensure your payment will be deposited on the first working day of the month, even if you are traveling or ill. It also helps prevent lost or stolen checks.
- If there is any support or IRS lien affecting your account, appropriate deductions will be made.
- This application is **not** in effect until it is received and accepted by PERS.
- Option changes must be made within 60 days of the date of the first check.
- Please keep a copy for your records.
- If you are a PERS member in your own right, you must complete a separate application to draw benefits from **that** account.

### Forms and documents normally needed to receive benefits

1. PERS Alternate Payee Benefit Application
2. [Alternate Payee Tier One or Tier Two Pre-Retirement Beneficiary Designation](#)
3. [Federal Tax Information Disclosure](#)
4. [Acknowledgement of Receipt of Federal Tax Information Disclosure form](#)
5. [Verification of Age form](#)
6. [W4P form](#)
7. [Authorization Agreement for Automatic Deposit form](#)
8. [Rollover-Eligible Distribution form](#)
9. [PERS Tier One and Tier Two Lump-Sum Withholding Election form](#)
10. [Tier One/Tier Two Direct Transfer Rollover Acceptance form](#)

### Instructions

- Type or print clearly in dark ink. Illegible forms may be returned, which could delay your request.
- Do not change anything on the form; alterations will void the form.
- Sign and date both sections E and F and mail the form to PERS at PO Box 23700, Tigard, OR 97281-3700

### Section A: Application information

Fill in the Applicant information section completely.

Enter your PERS ID number. If you do not know your PERS ID number, leave the space provided blank. Your PERS ID number can be found on your annual statement(s). Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes if you are unable to provide your PERS ID number. If you choose not to supply your SSN, it could take PERS staff longer to process your form

Enter your date of birth.

Enter your phone number, including the area code. Include an extension number if you have one.

**Section B: Benefit election effective date**

Fill in the month and year you want to be your benefit effective date. Your Alternate Payee benefit effective date is the later of the first of the month following the month in which your application is received, the first of the month in which your ex-spouse is eligible to retire, or the date you provide in this section.

**Section C: Ex-spouse information**

Complete with the full name and Social Security number of your ex-spouse who is eligible to retire.

**Section D: Benefit options**

Read [Important Notice to Alternate Payees Receiving an Estimate of Benefits](#). If you select one of the Lump-Sum options, you must complete the percentage(s) for one or more annual installment payments.

**Section E: Residency Information (required)**

Indicate whether you are an Oregon resident and subject to Oregon personal income tax.

**Section F: Applicant signature (required)**

Sign and date the form. (Signature must be notarized.)



## Alternate Payee Benefit Application

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

### Section A: Applicant 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	PERS ID number	
Former name (if different from present name)			Social Security number*	
Mailing address (street or PO box)			Date of birth (mm-dd-yyyy)	
City	State	Zip code	Country	Phone number

### Section B: Benefit election effective date

I request that my benefit will be effective the first day of the month and year I have entered below for the option I checked in Section D. I understand my benefit is effective the later of the first of the month following the month in which my application is received, the first of the month in which my ex-spouse is eligible to retire, or the date entered below.

1st day of month \_\_\_\_\_ Year \_\_\_\_\_

### Section C: Ex-spouse information

First name	MI	Last name	Social Security number
Effective date of divorce/annulment/separation			Date of decree amendments (if any)

### Section D: Benefit options (Select one of the five benefit options.)

- Option 1** (no beneficiary)                     
  **Lump-Sum Option 1\*\*** (no beneficiary)  
 **Refund Annuity** (beneficiary need not be a person)                     
  **Total Lump-Sum\*\*** payout of both employee dollars and any  
 **15-Year Certain** (beneficiary need not be a person)                     
 employer dollars that may be due (no beneficiary provisions).

\*\* Your balance and any employer dollars that may be due can be paid in full or in up to five annual installments. Indicate the percentage to be paid each year. The smallest percentage is 1 percent, and the percentage needs to be in whole numbers, not fractions. If you elect to be paid in full, enter 100 by the first percentage. When you die, your remaining account balance will be paid to your beneficiary(ies).

1st \_\_\_\_\_ % + 2nd \_\_\_\_\_ % + 3rd \_\_\_\_\_ % + 4th \_\_\_\_\_ % + 5th \_\_\_\_\_ % = Total \_\_\_\_\_

\* 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.

First name	MI	Last name	PERS ID number
------------	----	-----------	----------------

**Section E: Residency certification (required)**

Select one:

- I am a resident of the state of Oregon; therefore, payments made to me as a result of this benefit application **will be** subject to Oregon personal income tax.
- I am **not** a resident of the state of Oregon; therefore, payments made to me as a result of this benefit application **will not** be subject to Oregon personal income tax.

I hereby declare that the above statement is true to the best of my knowledge and belief, and I understand it is subject to penalty for perjury.

Applicant signature (do not print) \_\_\_\_\_ Date \_\_\_\_\_

**Section F: Applicant signature (required)**

Sign and date for the entire application. (Must be witnessed by a notary public.)

Applicant signature (do not print) \_\_\_\_\_ Date \_\_\_\_\_

<b>Notary Public</b>	State of	County of
	Signed before me on:	
	Applicant's name	
	By (notary's signature)	
	My commission expires	