



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 – <https://oregon.gov/pers>



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## Alternate Payee Information Verification

This form is for an Alternate Payee (AP) to supply personal information for PERS' records.

### Section A: Member information (Complete this section with your former spouse's information)

Member first name	Member MI	Member last name	Member PERS number (if known)
Member date of birth (mm/dd/yyyy)			Member Social Security number*

### Section B: Alternate Payee information (Complete this section with your information)

AP first name	AP MI	AP last name	AP Social Security number**
AP mailing address (street or PO box)			AP date of birth (mm/dd/yyyy)
City	State	Zip code	Country
AP home phone	AP cell phone	AP work phone	AP email

### Section C: Alternate Payee proof of Social Security number

Submit proof of your full Social Security number (SSN) when you return this form.

**Send a copy of your Social Security card or an IRS letter containing your full SSN.**

Do not send originals, as documents will not be returned.

Attached is proof of my Social Security number.

### Section D: Alternate Payee signature

\_\_\_\_\_  
 Alternate Payee signature

\_\_\_\_\_  
 Date

**Please provide the requested information to continue processing your court order. Please complete this form, and return promptly.**

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

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

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

By fax: 503-598-0561

\*Providing the member Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply the member's SSN, it may take PERS staff longer to process your form.

\*\*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 toll free 888-320-7377 or TTY 503-603-7766.