



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>

Tier One/Tier Two 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.

General information

- Type or print clearly in dark ink. Illegible forms could be returned, which could delay your request.

Section A: Alternate payee (AP) information

Fill in the AP information section completely.

- Enter your PERS ID. If you do not know your PERS ID, leave the space provided blank. Your PERS ID can be found on your annual statement(s). If you provide your PERS ID, providing your Social Security ID (SSN) is voluntary. If you do not supply a PERS ID, you must supply your Social Security number (SSN).
- Enter your mailing address. If you recently moved and you are:
 - currently employed in a PERS-covered position, you must inform your employer of your new address.
 - no longer employed in a PERS-covered position, complete the [Information Change Request](#) form.
- Enter your date of birth.
- Enter your home, work, and cell phone numbers including the area codes. Include an extension number if you have one.
- If you do not have an email address or prefer not to be contacted through email, leave that space 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 on your expected residency.

Therefore, providing your expected residency will result in a more accurate benefit estimate.

Section C: Retirement dates

Two estimates will be provided free of charge in a calendar year. We can only provide estimates for retirement dates within the upcoming 24 months.

The retirement date must be after the date you submit this request.

We are unable to advise exactly when your request will be processed. PERS processes many written benefit estimate requests in retirement date order, with the earliest retirement dates first. Estimate processing time may vary from member to member as each account is different.

Enter the month and year you wish to retire as an alternate payee. You cannot retire your alternate payee account until your ex-spouse reaches his/her earliest retirement eligibility date. Retirement dates are always on the **first of the month**. You can use only one date per estimate request.

If you do not know the member's earliest retirement eligibility date leave that 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.

Section E: Signature

Sign the form, and mail to PERS at PO Box 23700, Tigard OR 97281-3700, or fax it to Member Services at 503-598-0561.



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Tier One/Tier Two 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*
Mailing address (street or PO box)					PERS ID (optional)
City		State	ZIP code	Country	Date of birth (mm/dd/yyyy)
Home phone number	Work phone number	Cell phone number		Email (optional)	

Section B: Residency information

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/yyyy)
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Section D: Member information

Member's name	Member's birth year (yyyy)
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Section E: Signature

Signature _____

Date _____

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.