

Alternate Payee OPSRP Pension Program Benefit Application

General information

- This application is **not** in effect until it is received and accepted by PERS.
- Please keep a copy for your records.
- 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 urges benefit recipients to sign up for direct deposit. Under this program, your monthly benefits are automatically deposited into your checking or savings account. This will ensure that 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.
- If you are a PERS Tier One/Tier Two or OPSRP Pension Program member in your own right, you must complete a separate application to draw that benefit.

Forms and documents normally needed to receive benefits

- Alternate Payee Benefit application.
- Social Security number verification (copy of Social Security card or most recent W-2 form).
- Verification of your age. Verification of the member's age is also required if it is not already on file with PERS.
- Verification of legal name change if your current name differs from your name in the divorce decree (marriage certificate, court document, etc).
- If applicable, a complete and legible copy of your recorded final decree with the judge's signature or the court clerk's certification if not previously submitted.
- Acknowledgement of Receipt of Federal Tax Information on the retirement application.
- W-4P form for federal and state tax withholding.
- If applicable, lump-sum W-4P form for federal and state tax withholding.

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.

Section A: Applicant information

- Fill out applicant information completely. If you move after you file this election, please complete a PERS Change of Address form (459-152).
- 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.

Section B: Benefit election effective date

Please provide the month and year you want your benefit to begin. If requesting immediate retirement, your effective benefit date will be the first of the month following the month in which your Alternate Payee OPSRP Pension Program Benefit Application is received or the first of the month your ex-spouse is eligible to retire, whichever is later.

Section C: Ex-spouse information

Complete with the full name and Social Security number of your ex-spouse and date of divorce.

Section D: Benefit acknowledgement and applicant signature (required)

I request to receive my own lifetime benefit with no beneficiary, dependent on the eligibility of my ex-spouse.



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 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 OPSRP Pension Program Benefit Application

This form is strictly for the OPSRP Pension 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	Social Security number*
Former name if different from present name			
Mailing address (street or PO box)			Date of birth (mm-dd-yyyy)
City	State	Zip	Country
			Day phone number

Section B: Benefit election effective date

I understand my benefit election is effective the first of the month following the month in which my application is received or the first of the month my ex-spouse is eligible to retire, whichever is later. My retirement date is:

1st day of month	Year
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Section C: Ex-spouse information

First name	MI	Last name	Social Security number**
Date divorce effective			Date of decree amendments (if any)

Section D: Benefit acknowledgement and applicant signature (required)

I understand that any benefit I receive will be based on the eligibility of my ex-spouse, and will be limited to a benefit paid out during my life with no beneficiary.

Applicant signature (do not print)

Date

*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.

**Providing your ex-spouse's Social Security number (SSN) is voluntary. If you choose not to supply your ex-spouse's 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.