

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

Divorce: Post-Retirement Survivorship Beneficiary Change

This form is strictly for retired members who have an administrable court order on file with PERS that provides an award to an alternate payee (AP) and allows a beneficiary change for one of the below retirement options:

- Tier 1/Tier 2 survivorship options: Option 2, Option 2A, Lump-Sum Option 2, Lump-sum Option 2A, Option 3, Option 3A, Lump-Sum Option 3, Lump-Sum Option 3A.
- OPSRP survivorship options: Full-Survivorship Option, Full-Survivorship Increase Option, Half-Survivorship Option, Half-Survivorship Increase Option.

If your new beneficiary is younger than your original beneficiary, PERS recommends getting an estimate before submitting this form.

Section A: Member information				
Full name		Social Security number*		PERS ID (optional)
Mailing address		Personal email		
Section B: New beneficiary informa	ation			
You may only name one person. Estates	s, trusts, charities	s, and alterna	te beneficiaries <u>cann</u>	ot be named.
Full name (required)	Social Security numb	per* (requested)	Date of birth (required)	Relationship (required)
☐ I am submitting acceptable documenta	tion to verify my l	beneficiary's d	late of birth with this	beneficiary change request.
Section C: Member statement (Sign	nature required	l, electronic	and digital signatu	ires are not accepted)
 By my signature below, I acknowledge the My alternate payee was my origing I am requesting a one-time, irrevolution order. My monthly benefit will be re-call beneficiary's ages which may result beneficiary change is effective benefit amount is payable the first payment for any overpaid or under the signature. 	nal survivorship be cable change to reculated based on alt in an increase of the first of the met of the month after	my survivorsh a blended factor a decrease anonth after PE er the effective	tor of my original ben in my monthly benefic RS receives a valid r e date. I will receive	neficiary and my new it. equest. The re-calculated an invoice or a retroactive
Member's signature (do not print, must be a	ı handwritten signat	ture)	Date	



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Verification of Age or Identity

Photocopies of birth-date documents and, if applicable, beneficiary birth-date documents are required before benefits are paid. We will not accept documents that are incomplete, appear to be altered, or **are difficult to read.** If we cannot accept your documents, you will need to submit new photocopies. Please include your PERS ID or Social Security number* on all documents submitted, including beneficiary documents.

Group 1

If one item in this group is furnished showing birth dates, no further evidence of age is needed.

Any ONE of these:

- Copy of Oregon driver's license or ID card if issued on or after February 4, 2008 (current or expired)
- Copy of REAL ID driver's license, driver's permit, or ID card issued by any state** (current or expired)
- Copy of any other state's driver's license or ID card. (must be current)
- Birth verification issued by state, county, or country (documents issued by foreign governments in a language other than English need to include a translation in English certified by a notary public, public agency, or other public official)
- American Indian Reservation Age Verification
- Infant baptism certificate
- Hospital birth certificate (if signed by attending physician or issued by state)
- Passport (current or expired)
- School-age record
- Naturalization or citizenship papers
- · Family Bible record
 - If this record is furnished, include the following information certified by a notary public or other public official: copy of all family record entries in the Bible referring to applicant and parents, brothers, and sisters; Bible publication date or apparent age of Bible; and when birth date was entered and by whom.

Group 2

Two items in this group from different sources are sufficient if age or birth date is shown.

Any TWO of these:

Example: One child's birth certificate and one military ID

- A notarized affidavit by an older, immediate family member who is in a position to know the birth date (e.g., father or mother)
- · Certificate of military record
- Marriage record (record must show your age or date of birth at time of marriage)
- County voter registration (must show your age or date of birth; do not send your precinct card)
- Copy of child's birth certificate if it shows age of parents
- Social Security record (record must be displayed on an estimate of benefits or screen print from the Social Security office; document must be dated within last 12 months)
- Military ID (military record DD214)
- Concealed weapons permit

- If it is impossible for you to furnish the proof required in Group 1 or 2, write to PERS with a full explanation.
- We cannot return your documents, so do not send originals. If it is illegal to copy a document, bring it to a PERS office, and PERS will verify the birth information.
- Include the member's Social Security number or PERS ID on all documents so they are properly recorded.
- Mail, fax, or deliver your documents to PERS.

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. Failure to supply your SSN may delay the processing of this form.

**A compliant REAL ID will have a picture of a star, or a star cutout in the upper right-hand corner of the card. In lieu of REAL IDs, some states have "enhanced" driver's licenses, driver's permits, or ID cards. Enhanced cards are REAL ID compliant and bear an American flag emblem and the word "enhanced" on the front.

Reference: OAR 459-013-0040 **FS 459-029** (6/17/2025)