



Alternate Payee Election and/or Option Release

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|-------------------------------------|
| Applicant's Social Security number* |
| PERS number |
| Date |

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

I, _____ (alternate payee), wish to receive my benefits based on my divorce award from _____ (member) and elect my own options as provided for in Oregon Revised Statute 238.465.

I hereby release the above member from all option restrictions contained in the court order on file with the Public Employees Retirement System.

By signing this election, I understand that:

1. I will be able to choose an option separate from the member.
2. I will be guaranteed a lifetime benefit.
3. I will be able to name my own beneficiary.
4. The member will be released to choose any option.
5. The member will be released to choose any beneficiary.
6. PERS will charge an administrative fee of \$300 to me and the member when I make this election. My portion of the fee will be based on the percentage of the court award and will be deducted from my benefits.

I understand PERS **must** have proof of age for me **and** the above-mentioned member before benefits can be paid to me.

Important note: You may wish to seek legal counsel before signing this election. This form must be signed before a notary.



Signature of applicant (do not print)

Date

| | | |
|---------------------------|--------------------------------|------------------|
| Notary Public | <i>State of</i> | <i>County of</i> |
| | <i>Signed before me on:</i> | |
| | <i>Applicant's name</i> | |
| | <i>By (notary's signature)</i> | |
| | <i>My commission expires</i> | |
| Use space for seal | | |

| 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 | |
| SSS | |
| | |
| | |

*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 503-598-7377, toll free 888-320-7377, or TTY 503-603-7766.