



Judge Member Election of Former Spouse as a Pension Recipient

This designation can be made before or after retirement.

Section A: Member 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*			
Day phone number			PERS number (optional)			

Section B: Marital status

Not Married. Complete Sections C and D. Married. Complete Sections C and E.

Section C: Former spouse information (required)

Former spouse's name	Phone number	Social Security number	
Mailing address	City	State	Zip code

Section D: Marital status—not married

I am currently not married and elect to have my former spouse, named in Section C, receive (enter amount/percentage) _____ of the pension that would be payable to a surviving spouse.

Signature (do not print)

Date

Section E: Marital status—married

I am currently married to (spouse's name) _____ and elect to have (enter amount/ percentage) _____ of the surviving spouse pension payable upon my death paid to the former spouse named in Section C. My surviving spouse will receive no pension benefit if I have elected to have the entire surviving spouse pension paid to the former spouse. My surviving spouse will receive only that part of the surviving spouse pension not paid to the former spouse and only until the death of the former spouse. If the former spouse is deceased at the time of my death, there will be no pension payable to my surviving spouse.

Judge member acknowledgement

Current spouse consent

I understand the statement above, and I consent to this election.

Judge member signature (do not print) Date

Current spouse signature (do not print) Date

Notary Public	
Use space for seal	
State of	County of
Signed before me on this date:	Judge member name
by (notary's signature)	My commission expires

Notary Public	
Use space for seal	
State of	County of
Signed before me on this date:	Spouse name
by (notary's signature)	My commission expires

*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.

ORS: 238.565(8)

Form #459-479 (1/21/2009) SL3 IIM Code: 3003

Office use only	