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Oregon Public Service Retirement Plan (OPSRP) Pension Program Beneficiary Changes/Restrictions Due to Divorce

This form is strictly for the OPSRP Pension Program. Call the Divorce Unit at 503-431-8295 if this is not the form you need.

Section A: Member and alternate payee (AP) information (Type or print clearly in dark ink.)

Member name	PERS number (optional)
AP name	

If the court allows the member to change his or her beneficiary or requires beneficiary restrictions, check the boxes that apply, attach this form as an exhibit to your court order, and submit the form to the courts. Send your final certified court order to PERS.

Section B: Non-retired member

- Member is required to elect a survivorship option. Is the member restricted to a specific survivorship option?
 Yes No If yes, which option? _____.
- Member is required to designate the AP as beneficiary.
- Member is required to designate the AP as beneficiary for _____ percent of any survivorship benefit.
- Member is required to name any minor children as beneficiary.

Section C: Retiree with survivorship option, AP is named beneficiary

- Retiree is allowed to change his or her beneficiary due to divorce.
Note: The member must submit to PERS a written request to change beneficiary. The request should include the full name of the new beneficiary, address, Social Security number (if available), and a copy of proof of birth of the new beneficiary. Current and future benefits may increase or decrease depending on the age of the new beneficiary. The beneficiary change will be effective the first of the month after the month in which PERS receives a valid request to change the beneficiary, and it will be payable the first of the following month.
- AP is awarded _____ percent of any survivorship benefit.
- Retiree elected Full-Survivorship Increase or Half-Survivorship Increase option at retirement and is allowed to pop up to the Single Life Option due to divorce. The retiree must submit to PERS a written request to pop up to the Single Life Option due to divorce.

Office use only		
<input type="checkbox"/> PERS	<input checked="" type="checkbox"/> OPSRP	<input type="checkbox"/> IAP
<input type="checkbox"/> Member <input type="checkbox"/> Alternate payee <input type="checkbox"/> Cross reference member SSN		

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.