



Division of Benefits Order Request for Estimate

Please print. • See reverse side for instructions.

SECTION A - PERSONAL INFORMATION

Social Security Number or Member ID

Date of Birth

Name (last/first/middle)

Mailing Address (city/state/zip code)

Primary Phone _____

Cell Home Work

Alternate Phone _____

Cell Home Work

Alternate Phone _____

Cell Home Work

Email Address

SECTION B - DISSOLUTION OF MARRIAGE INFORMATION

Spouse/Ex-Spouse's Name (last/first/middle)

Date of Marriage

Expected Date of Divorce

Case Number

County in Which Case Was Held

SECTION C - REQUESTING PARTY

Name (last/first/middle)

Mailing Address (city/state/zip code)

Primary Phone

Cell Home Work

Relationship to Member

Self Member's Attorney Spouse/Ex-Spouse Spouse/Ex-Spouse Attorney

SECTION D - APPLICANT SIGNATURE

I hereby request MOSERS provide a division of benefits estimate for the party listed above pursuant to Sections 104.312. and 104.1051, RSMo. I understand that if the person requesting the DBO estimate is not the member, a copy of the estimate and subsequent correspondence will also be mailed to the member.

Signature

Date

Instructions for Completing

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All member documents and personal information is strictly confidential and will not be shared with others without authorization. Section 104.312 and 104.1051 of the Revised Statutes of Missouri (RSMo), permits the division of MOSERS retirement benefits in the event of a divorce. The *Division of Benefit Order Request for Estimate* form is required by MOSERS to release your benefit information to another party. This form must be signed, dated, and delivered to MOSERS. Steps for completing this form are outlined below.

1. Complete Section A.
2. Complete Section B.
 - Provide information regarding spouse and date of marriage.
 - Provide case number, county, and expected date of dissolution.
3. Requesting party (applicant) is required to sign and date Section D.
4. Return completed form to MOSERS.