

Application for Alternate Payee Benefits

Applicants: Please use this application to apply for MFPRSI alternate payee benefits as part of a marital property order (MPO). Contact MFPRSI for an explanation of benefits.

Instructions

Please complete the entire document and return to MFPRSI with any supporting documents. If eligible alternate payee has executed a power of attorney appointing someone to act on their behalf, please attach the power of attorney documentation to this application.

When completed, photocopy this application for your files and return the original, along with any additional forms from Part III of this application, to MFPRSI at the address listed below.

When your application is received, MFPRSI will process it as quickly as possible. If you have questions, please contact MFPRSI at the email or phone number listed at the bottom of this form.

Section I - Member Information						
Complete this section with the name of y	our former	spouse (i.e., MFPRSI member).				
First Name	Middle Initial	Last Name				
Section II - Applicant Informatio	n					
Complete this section with your name an	d informati	on.				
First Name	Middle Initial	Last Name				
Street Address		City		State	Zip	
Telephone	Date	of Birth	SSN			
Email						
X		Data				
Applicant's Signature		Date				

Section III – Additional Forms

The following forms are part of the retirement application. Please complete and return these forms to MFPRSI:

- A. Direct Deposit Form
- B. State Tax Withholding Form
- C. Federal Tax Withholding Form
- D. State-issued Birth Certificate