



Your Future — Our Focus



## DIVORCE PACKET REQUEST FORM Prospective Alternate Payee (Former Spouse)

**IMPORTANT:** You must submit a copy of your government issued photo ID (driver's license, state ID, passport) with this form. This form must be signed and notarized.

**Return this completed form to:**

Diana Wheeler -- Assistant to the Retirement Benefits Manager  
Chicago Regional Council of Carpenters Pension Fund & Supplemental Retirement Fund  
12 E. Erie Street, 8<sup>th</sup> Floor, Chicago, IL 60611  
Telephone: (312)787-9455, Ext. 263 Fax: (312)951-3986 E-mail: [dwheeler@crccbenefts.org](mailto:dwheeler@crccbenefts.org)

**PLEASE PRINT**

Participant Name \_\_\_\_\_

Participant SS# or UID# \_\_\_\_\_

Name of Prospective Alternate Payee (Former Spouse) \_\_\_\_\_

Telephone Number of the prospective Alternate Payee \_\_\_\_\_  
(Area Code) Telephone Number

Date of Marriage \_\_\_\_\_ Date of Divorce (if finalized) \_\_\_\_\_  
If divorce has been finalized, please provide copy of divorce decree.

Date of Filing (if action commenced but divorce is not yet finalized) \_\_\_\_\_  
If action has been commenced but the divorce is not finalized, please provide copy of pleading.

**Send the divorce packet to: (If sending to an attorney, also provide the name of the law firm.)**

Name \_\_\_\_\_

Law Firm Name (if applicable) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Number and Street / Apt # or Suite # (if applicable) City / State / Zip

\_\_\_\_\_  
Telephone Number of law firm (if applicable)

Check here and provide an email address if requesting a reply via email \_\_\_\_\_

**(OVER)**

I certify that I am a prospective Alternate Payee pursuing a Qualified Domestic Relations Order. I am requesting a Divorce Packet. I understand that the Participant will be notified of this request and be provided with a copy of the Plan's response to this request.

Your signature below must be witnessed by a notary public. Do not sign below until you are in the presence of the notary. The notary is responsible for confirming your identity as well. The date you sign this document must be the *same date* on which the notary witnesses your signature. If the dates do not match or if either date is missing, you will be required to complete another form.

\_\_\_\_\_  
Signature of Prospective Alternate Payee

\_\_\_\_\_  
Date Signed

**To be completed by Notary Public:**

State of \_\_\_\_\_ County of \_\_\_\_\_

I, \_\_\_\_\_, certify that \_\_\_\_\_ personally appeared  
[Printed name of Notary Public] [Printed name of prospective Alternate Payee]

before me and signed this document in my presence on this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

**Notary Must Circle One:**

This person is personally known to me **OR** This person proved his/her identity to me with satisfactory evidence

\_\_\_\_\_  
Business Address of Notary Public (street, city, state, zip)

(NOTARY SEAL)

\_\_\_\_\_  
Business Telephone of Notary Public (area code/number)

Signature of Notary Public: \_\_\_\_\_ Date Notary Commission Expires \_\_\_\_\_