



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 – QDRO Analyst

Chicago Regional Council of Carpenters Pension Fund & Supplemental Retirement Fund

12 E. Erie Street, 8th Floor, Chicago, IL 60611

Telephone: (312)787-9455, Ext. 5263 Fax: (312)951-3986 E-mail: 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 _____