



DIVORCE PACKET REQUEST FORM - PARTICIPANT

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.

Return this completed form to:

Attention: QDRO Analyst

Mid-America Carpenters Regional Council Benefit Funds

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

Telephone: (312) 787-9455, Option 4 Fax: (312) 951-3986 E-mail: retirement@carpenterbenefits.org

PLEASE PRINT

Participant Name _____

Participant SS# or UID# _____

Participant Address _____
Number and Street / Apt # or Suite # (if applicable) City / State / Zip

Telephone # _____ Email Address _____

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.

I am requesting a Divorce Packet. Send the divorce packet to:

Me, at my address Me, at my email address The Law Firm/Attorney listed below

Attorney Name _____

Law Firm Name _____

Law Firm Mailing Address _____
Number and Street / Apt # or Suite # (if applicable) City / State / Zip

Telephone Number of Law Firm _____

Law Firm/Attorney email address if requesting a reply via email _____

Signature of Participant

Date Signed