



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:

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# _____

Name of Prospective Alternate Payee (Former Spouse) _____

Prospective Alternate Payee 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 _____

(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 _____