



PO Box 209, Jefferson City, MO 65102-0209
 (573) 632-6100 or (800) 827-1063 | Fax (573) 632-6103
 forms@mosers.org | www.mosers.org



DBE

THIS FORM INCLUDES PERSONAL AND CONFIDENTIAL INFORMATION

Division of Benefits Order Request for Estimate

Please print. • See reverse side for instructions.

SECTION A - PERSONAL INFORMATION

Social Security Number or Member ID _____ **Date of Birth** _____

Name (last/first/middle) _____

Mailing Address (city/state/zip code) _____

Primary Phone _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Alternate Phone _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Alternate Phone _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
---	---	---

Email Address _____

SECTION B - DISSOLUTION OF MARRIAGE INFORMATION

Spouse/Ex-Spouse's Name (last/first/middle) _____

Date of Marriage _____ **Expected Date of Divorce** _____

Case Number _____

County in Which Case Was Held _____

SECTION C - REQUESTING PARTY

Name (last/first/middle) _____

Mailing Address (city/state/zip code) _____

Primary Phone _____ Cell Home Work

Relationship to Member
 Self Member's Attorney Spouse/Ex-Spouse Spouse/Ex-Spouse Attorney

SECTION D - APPLICANT SIGNATURE

I hereby request MOSERS provide a division of benefits estimate for the party listed above pursuant to Sections 104.312. and 104.1051, RSMo. I understand that if the person requesting the DBO estimate is not the member, a copy of the estimate and subsequent correspondence will also be mailed to the member.

Signature _____ **Date** _____

Instructions for Completing

Division of Benefits Order Request for Estimate

All member documents and personal information is strictly confidential and will not be shared with others without authorization. Section 104.312 and 104.1051 of the Revised Statutes of Missouri (RSMo), permits the division of MOSERS retirement benefits in the event of a divorce. The *Division of Benefit Order Request for Estimate* form is required by MOSERS to release your benefit information to another party. This form must be signed, dated, and delivered to MOSERS. Steps for completing this form are outlined below.

1. Complete Section A.
2. Complete Section B.
 - Provide information regarding spouse and date of marriage.
 - Provide case number, county, and expected date of dissolution.
3. Requesting party (applicant) is required to sign and date Section D.
4. Return completed form to MOSERS.