

## Alternative Payee Enrollment Form

To be completed by persons who were assigned retirement benefits from an ATRS participant's account in a Qualified Domestic Relations Order (QDRO).

<p><b>Social Security Number</b> _____ - _____ - _____</p> <p>Name (<i>Last, First, Middle</i>) _____</p> <p>Maiden Name (<i>If applicable</i>) _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p><input type="checkbox"/> Male      <input type="checkbox"/> Female      Date of Birth _____</p> <p>Telephone Number    Work (      ) _____</p> <p>Home (      ) _____</p> <p>Email Address _____</p> <p>Have you ever been a participant in ATRS?    <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p>Name of Former Spouse (<i>Last, First, Middle</i>) _____</p> <p>Former Spouse's Date of Birth _____</p> <p>Former Spouse's SSN _____</p>
<p>Signature _____ Date _____</p>