



**MoDOT & Patrol Employees' Retirement System**  
 PO Box 1930 · Jefferson City, MO 65102-1930  
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 Fax: (573) 522-6111 · Email: mpers@modot.mo.gov  
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**Request for Division of  
 Benefits Order (DBO) Estimate  
 (Section 104.312.2, RSMo)**

**Member Information**

Social Security Number:	Member's Name: (Last)	(First)	(MI)
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**Information Regarding the Dissolution of Marriage**

Spouse's Name: (Last)	(First)	(MI)
Case Number:	County in Which the Case Will Be Held:	
Date of Marriage:	Expected Date of Divorce:	

**Person Requesting the DBO Estimate**

Pursuant to Section 104.312.2, RSMo, please provide a DBO estimate for the member listed above.

Name:	Daytime Phone Number: ( )
Relationship to Member: <i>(check one)</i> <input type="checkbox"/> Self <input type="checkbox"/> Member's Attorney <input type="checkbox"/> Spouse <input type="checkbox"/> Spouse's Attorney	
Mailing Address: (City)	(State) (Zip Code)
Signature:	Today's Date:

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.