



MoDOT & Patrol Employees' Retirement System
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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) |

| 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 |
|------------------------------------|
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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: |