

University of Missouri System

COLUMBIA | KANSAS CITY | ROLLA | ST. LOUIS

Request for Division of Benefits Order (DBO) Estimate

Instructions

This form must be signed by the qualified member authorizing the release of information regarding their benefit under the Retirement, Disability and Death Benefit Plan (the Plan). If the person requesting a DBO estimate is not the qualified member, a copy of the estimate and subsequent correspondence will also be mailed to the qualified member.

Complete and return **signed and dated** form to the University of Missouri System Office of Human Resources by one of the following:

- Email: retirement@umsystem.edu
- Fax: (573) 882-9603
- Mail: 1105 Carrie Francke Dr., Suite 108, Columbia, MO 65211

Please allow 30 days for processing.

Qualified Member Information			
Name (First, Middle, Last)		Last 4 of SSN	
Hire Date		Employee ID	
Mailing Address			
Primary phone number		Email	
Date of Marriage (attach copy of recorded marriage certificate)			
Portion of qualified member's benefits to estimate assigned to spouse/alternate payee (must be stated as a % of qualified member's monthly benefit or a fixed amount)		Expected Date of Divorce	
Spouse (alternate payee) Information			
Name (First, Middle, Last)		Last 4 of SSN	
Mailing Address			
Primary phone number		Email	
Party Requesting DBO Estimate for Qualified Member's Benefit			
Name (First, Middle, Last)			
Mailing Address			
Primary phone number		Email	
Relationship to Qualified Member	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Qualified Member's Attorney <input type="checkbox"/> Spouse's Attorney		
Qualified Member Signature		Date	
Requesting Party Signature		Date	

This form is for DBO estimate requests only, it does not initiate or submit a DBO. Refer to the Division of Benefits Order Provisions Overview booklet for information on to initiate a DBO. The University of Missouri reserves the right to reject any order that does not comply with the Plan provisions.