



Application for Court-Ordered Benefits for Former Spouse

Use this application if you are the former spouse of a Federal employee/annuitant covered by the Civil Service Retirement System (CSRS) or the Federal Employees Retirement System (FERS), you wish to apply for a court-ordered retirement benefit, and you have obtained a court-order acceptable for processing.

You can also find this form on our website at www.opm.gov/retirement-services/my-annuity-and-benefits/life-events?#url=Court-Order.

Supporting documentation *must* be submitted with this application. This includes an original or certified copy of the court order with the judge's signature that meets all requirements for state certification of court orders. Additionally, all documents referenced in the court orders must be included as well as marriage certificates, divorce decrees, and/or death certificates for additional marriages (*see Section C*). Divorce decrees include, but are not limited to, the *Property/Marital Settlement Agreement, Divorce Decree*, or *Qualified Domestic Relations Order, etc.* If you have already submitted a certified copy of the court order, you do not need to submit it again.

Please return the completed form as well as any supporting documentation to: OPM, Court Ordered Benefits, P.O. Box 17, Washington, D.C. 20044.

Court ordered payments of Thrift Savings Plan benefits or military retirement are not administered by OPM.

If your address changes after your application has been forwarded to the Office of Personnel Management, call us at 1-888-767-6738. Hearing impaired applicants should use the Federal Relay Service by dialing 711 or their local communications provider to reach a Communications Assistant. If you prefer, you can write to us at the address above. If you have received your claim number, please refer to it. If you have not received your claim number, we will need your name, date of birth, and social security number. We will also need the name, date of birth, social security number and claim number for the Federal employee/annuitant, if you have it.

Instructions for Completing Application

Type or print clearly. If you need more space in any section, use a plain piece of paper with your name, date of birth, and Social Security Number written at the top. If you do not know an answer, write "unknown." If you are unsure of information (for example, if you do not know an exact date), answer to the best of your ability, followed by a question mark (?).

The following instructions can help you, the former spouse or the person applying on behalf of a former spouse, answer the questions on the application which may not be entirely selfexplanatory.

Section A - Federal Employee/Annuitant Identifying Information

Item 1: Enter the name of the Federal employee or annuitant.

Item 2: Enter other names under which the Federal employee or annuitant has been employed in the Federal government (*such as a maiden name*). This will help us to locate and identify records maintained under these names.

Item 3: Enter the address of the Federal employee or annuitant.

Item 4: Enter a telephone number of the Federal employee/annuitant. If not known, please write or type "unknown."

Section B - Former Spouse Information

Item 1: Enter your name as it appears on the court order.

Item 2: Enter your current name.

Item 3: Enter your date of birth.

Item 4: Enter your Social Security Number.

Item 5: Enter your current mailing address.

Item 6: Enter your telephone number.

Item 7: Enter your e-mail address to receive information about your benefits from OPM via e-mail.

Item 8: If yes, enter the name of your attorney or other legal representative.

Section C - Marital Information

- Item 1: Provide the dates of your marriage and divorce from the Federal employee/annuitant.
- Item 2: Indicate whether you remarried before age 55, or, indicate whether the former spouse remarried. If you answer "yes," please enter the date of marriage.
- Item 3: Indicate whether you are currently married, or, indicate whether the former spouse is currently married. If you answer "yes," please enter the date of marriage.
- Item 4: List dates of all marriages.

Section D - Payment Instructions

Complete in all cases. The US Department of the Treasury pays all Federal benefit payments electronically. Most Federal benefit payments are paid by Direct Deposit into a savings or checking account at a financial institution. If you do not have an account at a financial institution, or prefer not to have your former spouse benefit payments deposited directly to your account, you can choose a Direct Express debit card.

If you choose this option, your annuity payment will be automatically deposited to the Direct Express debit card on the payment date. To obtain a debit card, go to *www.godirect.gov* or call 1-800-333-1795. If your payments are not directly deposited to your account and you do not have a Direct Express card, you must contact the Department of the Treasury at 1-800-333-1795.

Once former spouse payments have begun, you (or the former spouse if applying on behalf of someone else) will be sent a password for Services Online (https://www.servicesonline.opm.gov/).

Section E - Applicant's Certifications

Provide information regarding certification that the current court order is in force and has not been amended, superseded, or set aside and whether there are current payments from the annuitant/employee. Be sure to sign (*do not print*) and date your application after reviewing the warning.

Former Spouse Checklist

This section is intended to help make certain you have provided all of the necessary information and documentation we need to process your application for former spouse benefits.

Privacy Act Statement

Pursuant to 5 U.S.C.§ 552a(e)(3), this Privacy Act Statement serves to inform you of why OPM is requesting the information on this form. **Authority:** OPM is authorized to collect the information requested on this form pursuant to Title 5, U.S. Code, Chapter 84. OPM is authorized to collect your Social Security number by Executive Order 9397 (November 22, 1943), as amended by Executive Order 13478 (November 18, 2008). **Purpose:** OPM is requesting this information to identify records properly associated with your application for Federal benefits, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a uniquely identifiable claim file. **Routine Uses:** The information requested on this form may be shared externally as a "routine use" to other Federal agencies and third-parties when it is necessary to process your application for benefits. For example, OPM may share your information with other Federal, state, or local agencies and organizations in order to determine benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program, or to report income for tax purposes. OPM may also share your information with law enforcement agencies if it becomes aware of a violation or potential violation of civil or criminal law. A complete list of the routine uses can be found in the *OPM/CENTRAL 1 Civil Service Retirement and Insurance Records* system of records notice, available at www.opm.gov/privacy. **Consequences of Failure to Provide Information:** Providing this information to OPM is voluntary. However, if you fail to provide this information, it may result in a delay or prevent action on your application.

Public Burden Statement

We estimate this form takes an average of 60 minutes per response to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the United States Office of Personnel Management (OPM), Retirement Services Publications Team (3206-XXXX), Washington, D.C. 20415-0001. Completed application forms should not be sent to this address. The OMB Number 3206-XXXX, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.





Application for Court-Ordered Benefits for Former Spouse

| Section A - Federal Employee/Annuitant Identifying Information | | | | | | | | | |
|--|--|---|---------|----------------------------------|--|-------------------------|---------------------|-------------------------------------|--|
| | Full name (last, first, middle) | | | List all other names use | ed | | | | |
| 3. | 3. Address (number, street, city, state and ZIP code) | | | | 4a. | Daytime telephor | ne number (includ | ling area code) | |
| | | | | | 4b. | E-mail address | | | |
| 5. | Date of birth (mm/dd/yyyy) | 6. Social Security Number | | | 7. | CSA/CSF Claim N | umber | | |
| Se | ection B - Former Spouse Infor | nation | | | | | | | |
| 1. | Full name (last, first, middle) as it appears on the cou | rt order | 2. | Current name | | | | | |
| 3. | Date of birth (mm/dd/yyyy) | 4. Social Security Number | | | | | | | |
| 5. Address (number, street, city, state and ZIP code) | | | | | 6a. Telephone number (including area code) | | | | |
| | | | | | 6b. | Best time to reach | you | | |
| 7. | E-mail address | | | | | | | | |
| 8. | Do you have current legal representation? | | | | 1 | | | | |
| | No Yes (If yes, provide no | ume and contact information | n) - | | | | | | |
| Se | ection C - Marital Information | | | | | | | | |
| 1. | When were you married to the Federal employee/ann | | Date of | Marri | iage (mm/dd/yyyy) | Date of Divorc | e (mm/dd/yyyy) | | |
| 2. | Did you remarry before the age of 55? | | | | | f Marriage /dd/yyyy) | | Date Marriage Ended (mm/dd/yyyy) | |
| | No Yes (If yes, provide the and divorce, if applice | | | | (mm) | /da/yyyy) | (ттла | wyyyy) | |
| 3. | Are you married now? (A marriage exists until ended No Yes (If yes, provide do | l by death, divorce or annulmer ate of marriage [mm/dd/yyy | | | | | | | |
| 4. | List dates of all marriages (you must provide copies of | | | rees, and/or death certifi | cates f | for all marriages lis | ted) | | |
| | Date of Marriage Date Marri (mm/dd/yyyy) (mm/d | riage Ended ld/yyyy) | | Date of Marriage (mm/dd/yyyy) | | Date Marria (mm/dd/ | age Ended /yyyy) | | |
| | | | | | | | | | |
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| 1. | Federal benefits payments will be made electronically by Direct Deposit into a savings or checking account or by a Direct Express debit card provided by the Department of the Treasury. See the instructions for Section D of this application for additional information. This does not apply to you if your permanent payment address is outside the United States in a country not accessible via Direct Deposit. | | | | | | | | | | |
|--------------------|---|--|---|--------------|-------------------|--|--|--|--|--|--|
| | Please select one of the following: | | | | | | | | | | |
| | Please send my annuity paym | ents directly to my checking or savings account (Go to item 2a) | | | | | | | | | |
| | Please send my annuity paym | ents to my Direct Express debit card. | | | | | | | | | |
| | My permanent payment addre | ess is outside the United States. (Go to item 2a) | | | | | | | | | |
| 2a. | a. Financial Institution Routing Number You may obtain this number by calling your bank, credit union, or savings institution. | | | | | | | | | | |
| 2b. | Checking or Savings Account Number | This number is very important. We cannot pay by a 2c. What kind of account is this? 2d. Telephone number of | = | | ling area code) | | | | | | |
| | | Checking Savings | , | | | | | | | | |
| 2e. | Name and address of Financial Instituti | ion requested above, i tution information. If important that you con confirm that the infor direct deposit. (Some trent routing numbers | , you may attach a cancelled personal check requested above, instead of filling in the on information. If you attach your personal rtant that you contact your bank, credit union, firm that the information on the check is the ct deposit. (Some institutions, especially routing numbers on checks.) We can then paying you by direct deposit. | | | | | | | | |
| Se | ection E - Applicant's C | | start paying you by un | eet deposit. | | | | | | | |
| 1. | | nitted with this application is currently in force and has not been superseded or set a | side? | | | | | | | | |
| | No | Yes | | | | | | | | | |
| 2. | Have you (as the former spouse) been not not not not not not not not not no | receiving monthly payments from the annuitant? Yes | | | | | | | | | |
| | Warning | I hereby certify that all statements made in this application are true | to the best of my kno | wledge and l | oelief. | | | | | | |
| app rela pur | y intentionally false statement in this plication or willful misrepresentation ative thereto is a violation of the law nishable by a fine of not more than 0,000 or imprisonment of not more than | Signature (do not print) | Date (mm/dd/y | yyy) | | | | | | | |
| 5 y | years, or both. (18 U.S.C. 1001) | | | | | | | | | | |
| | | Applicant's Checklist | | | | | | | | | |
| | s checklist is provided to help ensure sonnel Management. | e that you attach and submit all the necessary documentation to the Office of | of Yes | No | Not Applicable | | | | | | |
| 1. | Court Orders - Did you submit al Property/Marital Settlement Agree Additionally, all documents referent a certified copy of the court order, | | | | | | | | | | |
| | All court orders must be court of certification of court orders. The or an ink signature. | 1, | | | | | | | | | |
| | b. We must have an original or ce | ertified copy of all court orders before payment can be made. | | | | | | | | | |
| 2. | Personal Information - Did you pretirement claim number, date of b | 2, | | | | | | | | | |
| 3. | Former Spouse Information - Di retirement claim number, date of b | | | | | | | | | | |
| 4. | Completion of Application - Hav completely to the best of your known | e you reviewed your application to make sure you answered all questions wledge? | | | | | | | | | |
| 5. | Statement of Remarriage - Do yo subject to termination upon remarr occurred is required. If you remarr remarriage. You will be held liable | | | | | | | | | | |
| 6. | Submit all additional documents (n | narriage certificates, divorce decrees, death certificates). | | | | | | | | | |

Section D - Payment Instructions for Former Spouse Benefit