



BOARD OF PENSIONS

AND RETIREMENT

PHILADELPHIA PUBLIC EMPLOYEES
RETIREMENT SYSTEM

PENSION APPLICATION (Alternate Payee)

PLEASE COMPLETE THIS FORM IF YOU ARE AN ALTERNATE PAYEE AND YOU WANT TO APPLY FOR PENSION BENEFITS. PLEASE INCLUDE PROOF OF AGE, NAME CHANGES (IF APPLICABLE) AND A COPY OF YOUR SOCIAL SECURITY CARD ALONG WITH THIS FORM.

PLEASE PRINT

Alternate Payee's Name _____
Last First Middle

Address: _____
City State Zip Code

Social Security Number _____ Telephone Number _____

Participant Name _____

Participant Social Security Number _____

NOTE: YOU SHOULD SIGN THIS APPLICATION THE WAY YOU TYPICALLY SIGN YOUR NAME AND THE WAY YOU WILL ENDORSE YOUR PENSION CHECKS.

Alternate Payee Signature Date

NOTE: YOUR SIGNATURE MUST BE WITNESSED

Witness Name (PRINT): _____

Signature of Witness Date

Address of Witness _____
City State Zip Code

* For a complete listing of acceptable documentation please see the back of this form.

ACCEPTABLE DOCUMENTS FOR PROOF OF AGE

- Valid Passport
- Birth certificate
- DD 214
- Baptism record
- Age verification letter” from Voters’ Registration

ACCEPTABLE PROOF OF NAME CHANGES:

- Divorce Papers
- Marriage Certificate
- Death Certificate
- Legal Documents from a Court Changing Your Name