



Request for Account Information by Spouse or Former Spouse

Purpose of the Form

- Use this form to notify PERSI that you are authorized to obtain information about the accounts of a PERSI member, pursuant to Idaho Code §59-1316(4).

Instructions

- 1 Complete the form in blue or black ink.
- 2 Send the completed form back to PERSI.
- 3 If you are a former spouse, attach a copy of the court order directing distribution to you.

Member Social Security Number

Member Information	
Name – First, Middle, Last	

Requestor Information			
Name – First, Middle, Last		Relationship to Member <input type="checkbox"/> Spouse <input type="checkbox"/> Former spouse	
Mailing Address	Street or P.O. Box		
	City	State	Zip Code
Daytime Phone Number (include area code)		Fax Number (include area code)	Email Address
Date of Marriage to Member – mm/dd/yyyy		Date of Divorce from Member – mm/dd/yyyy	

Contact Information for Legal Representation (optional)			
Name – First, Middle, Last			
Mailing Address	Street or P.O. Box		
	City	State	Zip Code
Daytime Phone Number (include area code)		Fax Number (include area code)	Email Address

Requestor Certification	
I certify that I am authorized to obtain account information from PERSI related to the account(s) of the member listed above, pursuant to Idaho Code §59-1316(4). I authorize PERSI to release and provide such information to me or to my legal representative (if listed above) and to discuss such information with that representative.	
Signature	Date – mm/dd/yyyy

