



**PENSION APPRAISERS INC.**

P.O. Box 4396 Allentown, PA 18105-4396  
1-800-447-0084 - Fax: 610-770-9342



www.pensionappraisers.com  
www.qdrodesk.com

**DOMESTIC RELATIONS ORDER CHECKLIST FOR  
THE STATE OF NEW JERSEY RETIREMENT SYSTEMS**

**Option #1: Online - Answer questions at www.qdrodesk.com. Upon completion download the Order immediately. Unlimited Support 1-877-770-2270 (Toll Free) Cost - \$299. Pre-approval with the Plan Administrator may be available for an additional \$100 fee after an analyst in the office completes the free 9-point review process.**

**Option #2: In House - Complete this checklist and mail it with payment to Pension Appraisers. Our staff will prepare the Order and return it within 7-10 business days. Unlimited Support 1-800-447-0084 (Toll Free). Cost - \$495. You may opt in to our Pre-approval process on the last page for an additional \$75 fee.**

**Both Options are Supported by Pension Appraisers Staff**

**1. REQUESTOR INFORMATION:**

Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_ (if you are an attorney)

Attorney ID (if applicable): \_\_\_\_\_ (if you are an attorney)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**If you are one of the Parties of the divorce who is represented by an attorney please provide your attorney's:**  
(If you are an attorney and have already completed the section above please disregard.)

Name: \_\_\_\_\_

Attorney ID (if applicable): \_\_\_\_\_

Firm Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Should the attorney's name and/or firm name, address and telephone number appear above the

Legal Caption?  Yes  No

**If Yes:**

\_\_\_\_\_ Attorney's Name \_\_\_\_\_ Firm's Name

Are you the (or, if attorney, who do you represent?):

\_\_\_\_\_ Plaintiff / Petitioner \_\_\_\_\_ Defendant / Respondent

Should we send a copy of the Order to opposing counsel?  Yes  No

**If Yes:**

Opposing Counsel's Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**2. COURT INFORMATION:**

Name of Court: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_

Division: \_\_\_\_\_ Docket Number: \_\_\_\_\_

Which party is considered the plaintiff/petitioner?

\_\_\_\_\_ PARTNER 1 - The Participant: (Employee Spouse)

\_\_\_\_\_ PARTNER 2 - The Alternate Payee: (Non-Employee Spouse)

In addition to the Judge's, what signature lines should come at the end of the Order?

\_\_\_\_\_ None \_\_\_\_\_ Attorneys for Both Partners

\_\_\_\_\_ Both Partners \_\_\_\_\_ Opposing Atty. Name: \_\_\_\_\_

**3. PARTNER 1 - The Participant: (Employee Spouse)**

Name of Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last Known Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

**4. PARTNER 2 - The Alternate Payee: (Non-Employee Spouse)**

Name of Alternate Payee: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last Known Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

**5. MISCELLANEOUS INFORMATION:**

Should Social Security Numbers appear in the Order?

No (Only Option - The State of New Jersey does not permit Confidential Personal Identifiers to be included with any document submitted to the court)

Marriage Date: \_\_\_\_\_

Are the Parties Divorced? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes: Date of Divorce: \_\_\_\_\_

**Cut-off date for marital property rights:** \_\_\_\_\_  
(Cut-off date used to determine marital coverture fraction i.e. separation date, complaint date, or divorce date.)

**Date Participant Joined The Plan:** \_\_\_\_\_  
(We cannot draft the order without this date.)

Is the Participant still employed? \_\_\_\_\_ Yes \_\_\_\_\_ No If No: Termination Date: \_\_\_\_\_

Is the Participant receiving retirement benefits? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes: Retirement Date: \_\_\_\_\_

Plan Name to which this Order applies:

- The Public Employees' Retirement System of New Jersey - (Answer Question #6 & #7)
- The Police and Firemen's Retirement System of New Jersey - (Answer Question #6)
- The State Police Retirement System of New Jersey - (Answer Question #6)
- The Judicial Retirement System of New Jersey - (Answer Question #6)
- The Teachers' Pension and Annuity Fund of New Jersey - (Answer Question #6 & #7)
- New Jersey State Employees Deferred Compensation Plan - (Answer Question #8)

6. Percent or Dollar Amount of Participant's Retirement Allowance to be paid by the Division of Pensions and Benefits to the Alternate Payee?

Option #1: Percent of Marital Share: \_\_\_\_\_ %

(If a Percent of Marital Share is chosen above, the Marital Share will be expressed as follows: A fraction, the numerator of which is the total number of months of the Participant's participation in the Plan during the marriage, and the denominator of which is the total number of months of the Participant's participation in the Plan as of the date of retirement. This is the only option for determination of the portion of the benefits accumulated during the period of marriage which is acceptable to the Division of Pensions and Benefits.)

Option #2: Percent of Monthly Benefit: \_\_\_\_\_ %

Option #3: Dollar Amount (per month): \$ \_\_\_\_\_

Option #4 Gross Dollar Amount: \$ \_\_\_\_\_  
(50% of the Participant's gross monthly benefit shall be paid to the Alternate Payee until the gross dollar amount designated is paid in full. However, if the Participant predeceases the Alternate Payee no further payments to the Alternate Payee shall be made even if the Alternate Payee has not received payment in full.)

If a Dollar Amount (per month) is awarded, should the Alternate Payee receive a pro-rata share of any Post-retirement Cost of Living Adjustments? (If a Percent of Marital Share or Percent of Monthly Benefit is awarded, Post-retirement Cost of Living Adjustments will automatically apply to the Alternate Payee's share)

Yes  No

When will the Alternate Payee's benefits start? Benefits will commence to the Alternate Payee when the Participant actually retires (Only Option)

Form of payment to the Alternate Payee: Benefits will be paid to the Alternate Payee on a monthly basis. (Only Option)

7. At the time of retirement should the Participant elect a survivor option and designate the Alternate Payee as beneficiary of such option? (This question only pertains to the Public Employees Retirement System and the Teachers' Pension and Annuity Fund. Under the Police and Firemen's Retirement System, the State Police Retirement System and the Judicial Retirement System, a divorce/dissolution automatically precludes a Participant's former spouse/partner from ever receiving a survivor's benefit.) If no option is elected upon the Participant's death or the death of his/her former spouse/partner, all withholdings mandated under a matrimonial/civil union dissolution order will cease.

Yes  No  This question should not be addressed

If the answer to the above question is yes, which of the following options should be elected?

Maximum Option: This option provides the Participant with the highest retirement allowance payable. Upon the death of the Participant all pension benefits will cease. If the Participant's death should occur before the Participant has received distribution of all his/her accumulated pension contributions, with interest, the remainder of the undistributed contributions will be paid to the Participant's beneficiary. If the Participant is legally married and chooses the Maximum Option, State law requires that his/her spouse be notified of the Participant's choice.

*Example: Participant retires with a \$2,500 monthly benefit. Upon the Participant's death pension payments shall cease.*

Option A: This option provides that, upon the Participant's death, a single beneficiary will receive the same monthly allowance that the Participant was receiving at the time of the Participant's death for the duration of the beneficiary's lifetime. Should the Participant and the beneficiary die before all of the Participant's accumulated pension contributions plus interest have been distributed as part of a monthly allowance, the remainder will be paid to the Participant's contingent beneficiary or estate.

*Example: Participant retires and both the Participant and beneficiary receive a \$1,250 monthly benefit. Upon the Participant's death, the beneficiary will continue to receive a \$1,250 monthly*

*benefit for the remainder of their lifetime. If the beneficiary predeceases the Participant, the Participant's benefit is increased to the Maximum Option.*

       Option B: This option provides that upon the Participant's death a single beneficiary will receive 75 percent of the monthly allowance that the Participant was receiving at the time of the Participant's death for the duration of the beneficiary's lifetime. Should the Participant and beneficiary die before all the Participant's accumulated pension contributions plus interest have been distributed as part of a monthly allowance, the remainder will be paid to the Participant's beneficiary or estate.

*Example: Participant retires and both the Participant and beneficiary receive a \$2,000 monthly benefit. Upon the Participant's death, the beneficiary will receive a \$1,500 monthly benefit for the remainder of their lifetime. If the beneficiary predeceases the Participant, the Participant's benefit is increased to the Maximum Option.*

       Option C: This option provides that, upon the Participant's death, a single beneficiary will receive one-half of the monthly allowance that the Participant was receiving at the time of the Participant's death for the duration of his/her lifetime. Should the Participant and beneficiary die before all the Participant's accumulated pension contributions plus interest have been distributed as part of a monthly allowance, the remainder will be paid to the Participant's estate.

*Example: Participant retires and both the Participant and beneficiary receive a \$2,000 monthly benefit. Upon the Participant's death, the beneficiary will receive a \$1,000 monthly benefit for the remainder of their lifetime. If the beneficiary predeceases the Participant, the Participant's benefit is increased to the Maximum Option.*

       Option D: This option provides that, upon the Participant's death, a single beneficiary will receive 25 percent of the monthly allowance that the Participant was receiving at the time of the Participant's death for the duration of his/her lifetime. Should the Participant and beneficiary die before all the Participant's accumulated pension contributions plus interest have been distributed as part of a monthly allowance, the remainder will be paid to the Participant's estate.

*Example: Participant retires and both the Participant and beneficiary receive a \$2,000 monthly benefit. Upon the Participant's death, the beneficiary will receive a \$500 monthly benefit for the remainder of their lifetime. If the beneficiary predeceases the Participant, the Participant's benefit is increased to the Maximum Option.*

       Option #1: This option sets aside an initial reserve based on the Participant's life expectancy. This reserve is then reduced each month by the amount of the Participant's initial monthly retirement allowance. Upon the Participant's death, the balance of the reserve, if any, is paid to the Participant's beneficiary(ies). If the Participant exhausts his/her initial reserve, the Participant will continue to receive the Participant's monthly retirement allowance during the course of the Participant's lifetime; however, there are no further pension benefits payable to the Participant's beneficiary(ies).

A Participant may designate more than one beneficiary for Option 1. A beneficiary may be a person, a charity, an institution or the Participant's estate. The Participant may change a beneficiary under this option at any time. Upon the Participant's death, the Participant's beneficiary may elect to receive the proceeds in a lump sum or as an annuity payable over a certain number of years.

*Example: Participant retires, designates an initial reserve of \$50,000 and receives a \$1,500 monthly benefit. If the Participant would die one year after retirement, his/her beneficiary(ies) would receive \$32,000 in a lump-sum or a monthly annuity over a certain number of years; if, in this case the Participant lives beyond 33 months the Participant would have exhausted the initial reserve, will continue to receive a monthly benefit of \$1,500, but upon his death the beneficiary would not receive a benefit.*

       Option #2: This option provides that, upon the Participant's death a single beneficiary will receive the same monthly allowance that the Participant was receiving at the time of the Participant's death for the duration of the beneficiary's lifetime. Should the Participant and beneficiary die before all the Participant's contributions plus interest have been distributed as part of a monthly allowance, the remainder will be paid to the Participant's contingent beneficiary or estate.

*Example: Participant retires and both the Participant and beneficiary receive a \$1,250 monthly benefit. Upon the Participant's death, the beneficiary will continue to receive a \$1,250 monthly benefit for the remainder of their lifetime. If the beneficiary predeceases the Participant, the Participant's benefit will not be increased and the Participant may not name a new beneficiary.*

       Option #3: This option provides that, upon the Participant's death, a single beneficiary will receive one-half of the monthly allowance that the Participant was receiving at the time of the Participant's death for the duration of the his/her lifetime. Should the Participant and beneficiary die before all the Participant's contributions plus interest have been distributed as part of a monthly allowance, the remainder will be paid to the Participant's estate.

*Example: Participant retires and both the Participant and beneficiary receive a \$2,000 monthly benefit. Upon the Participant's death, the beneficiary will receive a \$1,000 monthly benefit for the remainder of their lifetime. If the beneficiary predeceases the Participant, the Participant's benefit will not be increased and the Participant may not name a new beneficiary.*

       Option #4: This option provides that, upon the Participant's death, the Participant's beneficiary(ies) will receive a specified fixed monthly allowance for the duration of the beneficiary(ies) lifetime. The beneficiary's allowance cannot be more than the Participant's allowance. Should the Participant and

his/her beneficiary die before all the Participant's accumulated pension contributions plus interest have been distributed as part of a monthly allowance, the remainder will be paid for the Participant's estate.

*Example: Participant retires and both the Participant and beneficiary receive a \$2,000 monthly benefit. Upon the Participant's death, the beneficiary will receive a \$750 monthly benefit for the*

*remainder of their lifetime. If the beneficiary predeceases the Participant, the Participant's benefit will not be increased and the Participant may not name a new beneficiary.*

8. **THIS QUESTION APPLIES TO THE DEFERRED COMPENSATION PLAN. ANSWER ONLY IF YOU ARE REQUESTING A DRO TO DIVIDE THE DEFERRED COMP PLAN.**

**Percent or Dollar Amount of Participant's Total Account Balance to be paid by the Division of Pensions and Benefits to the Alternate Payee?**

\_\_\_\_\_ **Option #1: Percent** \_\_\_\_\_ % as of a specific date which is \_\_\_\_\_  
(This date must be the last day of the month or the plan administrator will reject the order.)

\_\_\_\_\_ **Option #2: Dollar Amount: \$** \_\_\_\_\_ as of a specific date which is \_\_\_\_\_  
(This date must be the last day of the month or the plan administrator will reject the order.)

**Should the Alternate Payee receive gains/losses on his/her share of the benefits from the Date of Division to the Date of Segregation? (Establishment of a separate account for Alternate Payee)**

**No (Only Option - This plan will not calculate gains and losses.)**

9. **For an additional fee of \$75.00: Should we submit the Order to the Plan Administrator for pre-approval?**

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

10. **Payment can be made by Check, Money Order or Credit Card.**

**Credit Card:** \_\_\_\_\_ **MC** \_\_\_\_\_ **Visa** \_\_\_\_\_ **Amex** \_\_\_\_\_ **Discover**

**Credit Card #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ / \_\_\_\_\_ **CVV:** \_\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

Billing address of the credit card: \_\_\_\_\_

Checks and Money Orders should be made payable to Pension Appraisers, Inc.  
**PLEASE NOTE:** Requests with personal checks will be held for two weeks to ensure that the check clears.  
FAX THIS REQUEST FORM TO: 610-770-9342 (only if paying by credit card)  
MAIL THIS REQUEST FORM TO: Pension Appraisers, Inc., P.O. Box 4396, Allentown, PA 18105  
Any questions regarding this Request Form or fees, please call us toll free at 1-800-447-0084.