



PENSION APPRAISERS INC.[®]

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

E-MAIL: penapp@pensionappraisers.com
WWW: http://www.pensionappraisers.com

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

METHOD OF PREPARING DOMESTIC RELATIONS ORDER:

_____ Option #1: Online - Complete this checklist online at www.qdrodesk.com. Upon completing checklist download the Order immediately. Unlimited Support 1-877-770-2270 (Toll Free) Cost - \$299

_____ Option #2: In House - Mail this checklist with payment to Pension Appraisers. Our staff will prepare the Order and return it within 7 business days. Unlimited Support 1-800-447-0084. Cost - \$445

Both Options are Supported by Pension Appraisers Staff

If Option #2, answer the following:

1. REQUESTER INFORMATION:

Name: _____

What is the Role or Status of the Requester?

_____ Attorney who represents one of the parties of the divorce. (Answer Question A.)

_____ One of the Parties of the divorce who is represented by an attorney. (Answer Question B.)

_____ One of the Parties of the divorce who is Pro Se / Pro Per. (Answer Question C.)

A. Answer if you are an Attorney:

Firm Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

E-mail Address: _____

Would you also like your DRO emailed to you? _____ Yes _____ No

Should the Requester's name and/or Firm Name, Address and Telephone Number appear above the Legal Caption? _____ Yes _____ No

If Yes:

_____ Requester's Name (ONLY)

_____ Firm's Name (ONLY)

_____ Both Requester's and Firm's Name

Who do you Represent?

_____ Plaintiff _____ Defendant

Is this a Joint Request with opposing counsel? _____ Yes _____ No

If Yes:

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: _____

B. Answer if you are one of the Parties of the divorce who is represented by an attorney.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

E-mail Address: _____

Your Attorney's:

Name: _____

Firm Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

E-mail Address: _____

Should your Attorney's name and/or Firm Name, Address and Telephone Number appear above the Legal Caption? ____ Yes ____ No

If Yes:

____ Requester's Name (ONLY)

____ Firm's Name (ONLY)

____ Both Requester's and Firm's Name

C. Answer if you are Pro Se / Pro Per.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

E-mail Address: _____

2. COURT INFORMATION:

Name of Court: _____

State: _____ County: _____

Division: _____ Docket Number: _____

Which party filed for divorce? ____ Husband ____ Wife ____ Both

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

____ None

____ Both Husband and Wife (required in NJ counties of Monmouth, Morris, Ocean and Somerset)

____ Attorneys for Husband and Wife

____ Husband and Wife and Attorneys for Both

Opposing Atty. Name: _____

3. PARTICIPANT: (Employee Spouse)

Name of Participant: _____

Date of Birth: _____

Last Known Mailing Address: _____

City, State, Zip Code: _____

Social Security Number: _____

4. **ALTERNATE PAYEE: (Non-Employee Spouse)**

Name of Alternate Payee: _____

Date of Birth: _____

Last Known Mailing Address: _____

City, State, Zip Code: _____

Social Security Number: _____

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: _____

Date Marriage Ended: _____

(Cut-off date used to determine marital coverture fraction i.e. separation date, complaint date, or divorce date.)

For an additional fee of \$50.00: Should we submit the Order to the Plan Administrator for pre-approval?

No (Only Option - this plan will not pre-approve an order)

Date Participant Joined The Plan: _____

Is the Participant still employed? Yes No

If No:

Termination Date: _____

Is the Participant retired and 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 distribution 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 _____

_____ Option #2: Dollar Amount: \$ _____ as of a specific date which is _____

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)

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

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

Credit Card: _____ MC _____ Visa _____ Amex _____ Discover

Credit Card #: _____

Expiration Date: _____ / _____

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 accompanied by 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.