



**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 TEACHERS AND STATE EMPLOYEES RETIREMENT SYSTEM OF NORTH CAROLINA**

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

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.)

**Plan Name: TEACHERS' AND STATE EMPLOYEES' RETIREMENT SYSTEM OF NORTH CAROLINA**

Date Participant Joined The Plan: \_\_\_\_\_

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

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

**6. Percent or Dollar Amount of Member's Monthly Retirement Allowance to be paid to the Alternate Payee?**

Percent: \_\_\_% Or Dollar Amount: \$ \_\_\_\_\_

If the Alternate Payee will receive a percentage, how will the marital property component be determined? By a fraction, the numerator of which is the total number of months of the Members participation in the Retirement System during the marriage, and the denominator of which is the total number of months of the Participant's participation in the Retirement System as of: (Check One):

Date Marriage Ended \*       Specific Date Which Is \_\_\_\_\_ \*

Retirement \* (Bishop v. Bishop 113 N.C. App. 725 (1994))

\* The date checked above determines the amount of the monthly benefit to be divided. If the Date Marriage Ended is checked, the monthly benefit will be calculated using the years of service and final average salary appropriate for that date. If Retirement is checked, the monthly benefit will be calculated using the years of service and final average salary as of retirement as set forth in the above mentioned case. If a Specific Date is given, the previously mentioned factors will be those appropriate for that date.

7. Should the Alternate Payee receive a pro-rata share of any Cost of Living Adjustments applied to the Member's benefits after retirement?

Yes       No

8. When will the Alternate Payee's benefits start? Benefits will commence to the Alternate Payee when the Member actually retires or as soon as administratively feasible following the approval of this Order, which ever is later. (Only Option)

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

10. Death of the Alternate Payee Before Retirement: In the event of the death of the Alternate Payee before any retirement benefits have been received, the benefits should be:

Paid to the estate of the Alternate Payee for the remainder of the Member's lifetime

Revert to the Member

11. Should the Alternate Payee be considered the surviving spouse of the Member to the extent of the marital property component if the Member dies prior to retirement? The Retirement System allows a Member to elect an Alternate Payee as a beneficiary to the extent of the Alternate Payee's equitable distribution interest in the Member's retirement benefit for any and all death benefits provided by the Retirement System.

Yes     No

12. Participant's Election of Benefits: The Retirement System offers its members a number of options with respect to the manner in which they would like to receive their benefits. These different options determine the amount to be received by the Member as a monthly benefit, and be paid in a survivor benefit to any and all of the discussion of the different retirement options available to members of

Please select the option the member should be required to select:

(1.) Any Option the Member Prefers

(2.) Maximum Payment: The Member is entitled to the maximum amount payable under the terms of the Retirement System with no benefits available to any survivors.

(3.) Option #2 (100% Joint & Survivor Annuity): The Member will be entitled to a monthly benefit that is less than the maximum retirement annuity available under the Retirement System. The Survivor Benefit available to the designated beneficiary will be 100% of the amount that the Member was entitled to at the time of his/her death, and will be paid for the lifetime of the beneficiary.

*Example: If the reduced monthly benefit is \$2,000 and the parties are splitting it 50/50, each will receive \$1,000 per month. When the Member dies the Beneficiary or Alternate Payee (which in this case are one and the same) will receive 100% of the Participant's total monthly benefit or \$2,000 for the remainder his/her lifetime.*

(4.) Option #3 (50% Joint & Survivor Annuity): The Member will be entitled to a monthly benefit that is less than the maximum retirement annuity available under the Retirement System. The Survivor Benefit available to the designated beneficiary will equal 50% of the dollar amount that the Member was entitled at the time of his/her death, and will be paid for the lifetime of the beneficiary.

*Example: If the reduced monthly benefit is \$2,300 and the parties are splitting it 50/50, each will receive \$1,150 per month. When the Member dies the Beneficiary or Alternate Payee (which in this case are one and the same) will receive 50% of the Member's total monthly benefit or \$1,150 or the remainder of his/her lifetime.*

(5.) Option #4 (Social Security Leveling): The Member will be entitled to a higher monthly retirement benefit than otherwise normally payable under the Retirement System for the period of time from retirement until reaching age 62. At age 62 when the Member becomes eligible for social security, the monthly retirement benefit will decrease. There are no survivor benefits available under this option.

(6.) Option #6 (Modified Joint & Survivor Annuity -1000/0): The Member will be entitled to a monthly benefit that is less than the maximum retirement annuity available under the Retirement System. The Survivor Benefit available to the designated beneficiary will be the same dollar amount that the Member was entitled to at the

time of his/her death, and will be paid for the lifetime of the beneficiary. In the event the Beneficiary predeceases the Member, the Member's monthly retirement benefit will increase to the maximum amount payable under the Retirement System.

*Example: The maximum retirement benefit is \$2,000 per month. The Member receives a benefit equal to \$1,600, which is less than the maximum benefit. If the Member and Alternate Payee are splitting this 50/50, each will receive \$800 per month. Upon the Member's death, the Beneficiary or Alternate Payee (which in this case are one and the same) will receive 100% of the Member's total monthly benefit or \$1,600. If the Beneficiary predeceases the Member, the Member's total monthly retirement benefit increases from \$1,600 to the maximum amount payable of \$2,000 per month.*

**(7.) Option #6 (Modified Joint and Survivor Annuity -50%):** The Member will be entitled to a monthly benefit that is less than the maximum retirement annuity available under the Retirement System. The Survivor Benefit available to the designated beneficiary will be the 50% of the dollar amount that the Member was entitled to at the time of his/her death, and will be paid for the lifetime of the beneficiary. In the event the Beneficiary predeceases the Member, the Member's monthly retirement benefit will increase to the maximum amount payable under the Retirement System.

*Example: The maximum retirement benefit is \$2,000 per month. The Member receives a benefit equal to \$1,800, which is less than the maximum benefit. If the Member and Alternate Payee are splitting this 50/50, each will receive \$900 per month. Upon the Member's death, the Beneficiary or Alternate Payee (which in this case are one and the same) will receive 50% of the Member's total monthly benefit or \$1,800. If the Beneficiary predeceases the Member, the Member's total monthly retirement benefit increases from \$1,800 to the maximum amount payable of \$2,000 per month.*

13. If the Retirement Option selected above provides a beneficiary with a Survivor Benefit, should the Alternate Payee be considered the beneficiary of that Survivor Benefit?

Yes  No

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

Yes  No

15. 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.