



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 GEORGIA STATE RETIREMENT SYSTEM PLANS

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

Firm Name:			(if you are an attorney)
Attorney ID (if applicable):			(if you are an attorney)
Mailing Address:			
City:	State:	Zip Code:	
Геlephone #:	Fax #:		
E-mail Address:		·	
f you are one of the Parties of If you are an attorney and have	the divorce who is rep	resented by an atte	orney please provide your a
•		•	· ,
Name:			
Attorney ID (if applicable):			
Firm Name:			
Mailing Address:			
City:		•	
Talanhana #.	Fax #:		<u></u>
relephone #:			
•			
E-mail Address:			
E-mail Address: Should the attorney's name an	nd/or firm name, addre		
E-mail Address: Should the attorney's name an	nd/or firm name, addre		
E-mail Address: Should the attorney's name an Legal Caption? Yes If Yes:	nd/or firm name, addre	ss and telephone n	
E-mail Address: Should the attorney's name an Legal Caption? Yes If Yes: Attorney's Nam	nd/or firm name, addres	ss and telephone n Name	
E-mail Address:Should the attorney's name and Legal Caption? Yes If Yes: Attorney's Name Are you the (or, if attorney)	nd/or firm name, addres	ss and telephone n Name sent?):	
E-mail Address:Should the attorney's name and Legal Caption? Yes If Yes: Attorney's Name Are you the (or, if attory Plaintiff / Petitic	nd/or firm name, addres No ne Firm's No rney, who do you repre	ss and telephone n lame sent?): ant / Respondent	umber appear above the
E-mail Address:Should the attorney's name and Legal Caption? Yes If Yes: Attorney's Name Are you the (or, if attory Plaintiff / Petitic	nd/or firm name, addres No ne Firm's No rney, who do you repre oner Defend	ss and telephone n lame sent?): ant / Respondent	umber appear above the

	ng Address:					
City:			State:		Zip Code:	
Tele	phone #:		Fax #:		·····	
E-ma	ail Address:					
COURT INFO	ORMATION:					
Name of Co	urt:					
State:			County: _			
Division:			Dock	et Numbe	r:	
Which party	is considered the	e plaintiff/peti	tioner?			
PAR	NER 1 - The Part	icipant: (Emp	loyee Spous	e)		
PAR	NER 2 - The Alte	rnate Payee:	(Non-Employ	ee Spous	se)	
In addition t	o the Judge's, wh	at signature I	ines should	come at t	he end of the Order?	
None			At	torneys f	or Both Partners	
Both	Partners	Opposing A	tty. Name: _			
PARTNER 1	- The Participant	: (Employee S	Spouse)			
Name of Par	ticipant:					
Date of Birth	n:					
Last Known	Mailing Address:	l				
City, State, 2	Zip Code:					
Phone:						
Social Secu	rity Number:		Gende	er:	Male Fema	le
PARTNER 2	- The Alternate P	avee: (Non-E	mplovee Spo	ouse)		
	ernate Payee:	•		,		
City, State, 2	Zip Code:					
Phone:						
Social Secu	rity Number:		Gende	er:	Male Fema	le
	EOUS INFORMA	_				
	al Security Numb	• •			s No	
_	te:					
					e of Divorce:	
Cut-off date (Cut-off date	for marital prope used to determine	rty rights: marital covert	ure fraction i.	e. separati	on date, complaint date, o	or divorce
Plan Name t	o which this Orde	er applies:				
	gia Employees Re	• •	tem			

	Georgi	ia Teachers Retirement System
	Atlanta	a General Employees Pension Fund
	Atlanta	a Police Fund
	Other	- Exact Plan Name:
	(The number or other plan	one reason Orders are rejected is because the plan name is wrong. Please provide a statement document showing the complete, correct legal name of the plan.)
	Date Participa	ant Joined The Plan:
	Is the Particip	eant still employed? Yes No <u>If No:</u> Termination Date:
	Is the Particip	eant receiving retirement benefits? Yes No <u>If Yes:</u> Retirement Date:
6A.	ANSWER THE	ESE QUESTIONS ONLY IF THE PARTICIPANT IS RETIRED AND RECEIVING BENEFITS, SKIP TO 6B:
	I.	Percent or Dollar Amount of Employee's monthly retirement benefit to be paid by the Plan to the Alternate Payee?
		Dollar Amount: \$
		Percent: %
		Option #1: Percent of Total as of the Date of Retirement: The Alternate payee will receive a percentage of the total accrued benefit as of the Date of Retirement. (This option includes any pre-marital and post-marital credited service).
		Option #2: Percent of the Marital Portion as of the Date of Retirement: The Marital Property Component shall be determined by a fraction, the numerator of which is the number of months of credited service the Employee earned during the marriage and the denominator of which is the total number of months of credited service earned through the Date of Retirement.
	II.	Should the Alternate Payee receive a pro-rata share of any Post-retirement Cost of Living Adjustments if offered by the Plan?
		Yes No
	III.	Should the Alternate Payee receive a pro-rata share of any Early Retirement Subsidies?
		Yes No (Most defined benefit pension plans have early retirement provisions that allow an employee to retire early with full unreduced benefits if they complete a specific number of years of service. By doing this the company is subsidizing a large portion of the employee's pension by eliminating the actuarial adjustment (the difference in the amount of monthly benefit an employee would receive at normal retirement age verses an early retirement age if there is no subsidy - Example: An employee could receive \$1,000 per month at age 65, but if he/she elects to retire at age 55 he/she would receive \$500 per month for life if they had not completed the required number of years of service to receive the unreduced benefit of \$1,000 per month).
	IV.	Should the Alternate Payee receive a pro-rata share of any early retirement supplements, interim supplements or temporary benefits that become payable to the Participant which are not considered by the Plan Administrator to be a part of the Participant's accrued benefit.?
		Yes No (Most defined benefit pension plans have early retirement incentives that allow certain eligible employee's to retire early with additional supplemental, interim or temporary benefits. Example: If an employee retires at age 55, the plan could pay a supplemental benefit to age 62, at which time the employee would be able to collect Social Security.)
6B.	ANSWER THE EMPLOYMEN	ESE QUESTIONS ONLY IF THE PARTICIPANT IS STILL EMPLOYED OR HAS TERMINATED T BUT IS NOT RECEIVING RETIREMENT BENEFITS, OTHERWISE ANSWER 6A:
	I.	Percent or Dollar Amount of Employee's monthly retirement benefit to be paid by the Plan to the Alternate Payee?
		Dollar Amount: \$
		Percent: %
		Option #1: Percent of Total as of a Specific Date which is The Alternate Payee will receive a percentage of the total accrued benefit as of a Specific Date.
		Option #2: Percent of the Marital Portion as of the Date of Retirement: The Marital Property Component shall be determined by a fraction, the numerator of which is the number of months of credited service the Employee earned during the marriage and the denominator of which is the total number of

	Option Property credited months	#3: Percent of Component shall service the Employof credited service	of the Marital Portible be determined by a fract byee earned during the meaned through the Marr	on as of the Marriac ion, the numerator of whic arriage and the denomina iage End Date.	ge End Date: The Marital h is the number of months of tor of which is the total number	of
	Ontion	#1. Dercent	of the Marital Porti	on as of a	The Marital Property umber of months of credited seris the total number of months	
	Option percenta credited	#5: Percent of age of the total accessorvice)	of Total as of Marria crued benefit as of the Da	age End Date: The A te Marriage Ended. (This	Iternate Payee will receive a option includes any pre-marital	
II.	Should the Ali Adjustments i	ternate Payee f offered by th	receive a pro-rata he Plan?	share of any Post-r	etirement Cost of Livin	g
	-	No				
III.	Should the Al	ternate Payee	receive a pro-rata	share of any Early	Retirement Subsidies?	
	Yes (Most defined benefits portion of the emplement of the emplement of the month for life if the per month).	No efit pension plans I s if they complete is loyee's pension by eceive at normal re ceive \$1,000 per n y had not complete	have early retirement pro a specific number of year reliminating the actuarial etirement age verses an e month at age 65, but if he ed the required number o	visions that allow an empl s of service. By doing this adjustment (the difference early retirement age if there she elects to retire at age of years of service to receive	oyee to retire early with full see to retire early with full see in the amount of monthly bense is no subsidy - Example: A see 55 he/she would receive \$500 we the unreduced benefit of \$1,	large efit ai in) per 000
IV.	Should the Alinterim supple not considere (This question	ternate Payee ements or tem d by the Plan n is N/A if the	receive a pro-rata porary benefits the Administrator to b Participant has ter	share of any early in the become payable in the part of the Partiminated employmen	retirement supplements to the Participant which cipant's accrued benefi nt)	i, i are t?
	Yes (Most defined bene additional supplem supplemental bene	No efit pension plans l eental, interim or te efit to age 62, at wi	have early retirement incomporary benefits. Exam hich time the employee w	entives that allow certain eple: If an employee retires ould be able to collect So	eligible employee's to retire earl s at age 55, the plan could pay cial Security.)	y witl a
V.	Should the Alternative event the Part	ternate Payee icipant dies p	designated as a borior to reaching re	eneficiary for any di	eath benefits payable ir	1 the
	Yes	If Yes:	_ The Alternate P any and all dea	ayee shall be desig th benefits payable	nated as the beneficiar by the plan.	y fo
	No	OR:	The Alternate P death benefits component.	ayee shall be desig payable to the exte	nated as the beneficiar nt of the marital proper	y fo iy
	If the Alternate	e Payee prede	eceases the Partici f the Participant's l	pant prior to commo	encement of benefits, tl	ιе
	_	_	ipant. OR	Be paid to the Alter	nate Payee's estate. this under their guideline)	
VI.	Should the Pa Alternate Paye Payee for his/	erticipant be re see as the bene her lifetime?	equired to elect a s eficiary in order to	pecific retirement o ensure payment of	ption and designate the benefits to the Alternat	e e
	Yes	If yes: Name	e of Benefit Option:		_	
		Description:	:			
	No					
For an addition	onal fee of \$75.0	0: Should we	submit the Order t	o the Plan Adminis	trator for pre-approval?	
					rovide the following:	
			-	,	_	
				Zip Code:		
_						

months of credited service earned through the Date of Retirement.

7.

Payment can be made by Check, Money Order or Credit Card.						
Cr	edit Card:	MC	Visa	Amex _	Discover	
Cr	edit Card #:					
		Expiration	on Date:	/	CVV:	
Name as i	t appears on the	credit card: _				
Billing add	ress of the cred	it card:				
Checks an PLEASE I FAX THIS MAIL THIS	nd Money Orders NOTE: Requests REQUEST FOR S REQUEST FO	s should be mad s with personal RM TO: 610-770 RM TO: Pensic	de payable to Pe checks will be h 0-9342 (only if p on Appraisers, In	ension Appraisers eld for two weeks aying by credit ca ic., P.O. Box 4396	, Inc. to ensure that the check cleard) rd) , Allentown, PA 18105 at 1-800-447-0084.	ars.