



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 NEW YORK CITY EMPLOYEES RETIREMENT SYSTEM

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.

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 dattorney's: (If you are an attorney and	ivorce who is rep I have already com	oresented by an attempted the section a	orney please provide your bove 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, addres	ss and telephone n	umber appear above the
Legal Caption? Yes No			
If Yes:			
Attorney's Name	Firm's N	Name	
Are you the (or, if attorney, v	who do you repre	sent?):	
Plaintiff / Petitioner	Defend	ant / Respondent	
Should we send a copy of th	e Order to oppos	sing counsel?	Yes No
If Yes:			
Opposing Counsel's Name:			
Firm Name:			
Mailing Address:			
Citv:	Stat	e: Zip C	ode:

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	Telephone #:	
	E-mail Address:	
C	COURT INFORMATION:	
Na	lame of Court:	
St	State:	County:
Di	Division:	Docket Number:
W	Which party is considered the pla	aintiff/petitioner?
_	PARTNER 1 - The Particip	pant: (Employee Spouse)
	PARTNER 2 - The Alternat	te Payee: (Non-Employee Spouse)
In	n addition to the Judge's, what s	signature lines should come at the end of the Order?
_	None	Attorneys for Both Partners
	Both Partners Op	pposing Atty. Name:
P	PARTNER 1 - The Participant: (E	mployee Spouse)
Na	lame of Participant:	
Da	Date of Birth:	
Ci	City, State, Zip Code:	
	Phone:	
Pl		Gender: Male Female
PI Sc	Social Security Number:	Gender: Male Female
Pi Sc P	Social Security Number:PARTNER 2 - The Alternate Paye	Gender: Male Female
PI Sc PA Na	PARTNER 2 - The Alternate Paye	Gender: Male Female ee: (Non-Employee Spouse)
PI Sc Pi Na Da	Social Security Number: PARTNER 2 - The Alternate Paye Name of Alternate Payee: Date of Birth:	ee: (Non-Employee Spouse)
PI Sc Pi Na Da La	PARTNER 2 - The Alternate Paye Name of Alternate Payee: Date of Birth: Last Known Mailing Address:	ee: (Non-Employee Spouse)
PI Sc Pi Na Da La Ci	PARTNER 2 - The Alternate Paye Name of Alternate Payee: Date of Birth: Last Known Mailing Address: Dity, State, Zip Code:	ee: (Non-Employee Spouse)
PI Sc Pi Na Da La Ci PI	PARTNER 2 - The Alternate Paye Name of Alternate Payee: Date of Birth: Last Known Mailing Address: Dity, State, Zip Code:	ee: (Non-Employee Spouse)
PI Sc Pi Na Da La Ci PI	PARTNER 2 - The Alternate Paye Name of Alternate Payee: Date of Birth: Last Known Mailing Address: Dity, State, Zip Code:	ee: (Non-Employee Spouse)
PI Sc Pi Na Da La Ci PI Sc	PARTNER 2 - The Alternate Paye Name of Alternate Payee: Date of Birth: Last Known Mailing Address: Dity, State, Zip Code:	Gender: Male Female ee: (Non-Employee Spouse) Gender: Male Female
PI Sc Pi Na Da La Ci PI Sc	PARTNER 2 - The Alternate Payer Name of Alternate Payer Name of Alternate Payee: Date of Birth: Date of Alternate Payee: Date of Birth:	Gender: Male Female ee: (Non-Employee Spouse) Gender: Male Female
PI Sc Pi Na Da La Ci PI Sc M	PARTNER 2 - The Alternate Payer Name of Alternate Payer Name of Alternate Payee: Date of Birth: Date of Alternate Payee: Date of Birth:	Gender: Male Female ee: (Non-Employee Spouse) Gender: Male Female ON: appear in the Order? Yes No
PI Sc Pi Na Da Ci PI Sc M SI	PARTNER 2 - The Alternate Payer Name of Alternate Payer: Date of Birth: Date of Alternate Payee: Date of Alternate Payee: Date of Alternate Payee: Date of Birth: Date: Date: Discrepance Date: Date: Date: Date: Date: Date: Date:	Gender: Male Female ee: (Non-Employee Spouse) Gender: Male Female ON: appear in the Order? Yes No
PI Sc Pi Da La Ci PI Sc M SI M	PARTNER 2 - The Alternate Payer Name of Alternate Payers and of Birth: Last Known Mailing Address: City, State, Zip Code: Chone: MISCELLANEOUS INFORMATION Should Social Security Numbers Marriage Date: Are the Parties Divorced?	Gender: Male Female ee: (Non-Employee Spouse) Gender: Male Female ON: appear in the Order? Yes No
PI Sc Pi Na Da Ci Pi Sc M SI M	PARTNER 2 - The Alternate Payer lame of Alternate Payee:	Gender: Male Female ee: (Non-Employee Spouse) Gender: Male Female ON: appear in the Order? Yes No Yes No If Yes: Date of Divorce:
PI Sc Pi Na Ci PI Sc M SI Ma Ci Ci Ci Ex	PARTNER 2 - The Alternate Payer Name of Alternate Payee:	Gender: Male Female ee: (Non-Employee Spouse) Gender: Male Female ON: appear in the Order? Yes No Yes No If Yes: Date of Divorce: rights: rital coverture fraction i.e. separation date, complaint date, or divorce date
PI Sc Pi Na Ci Pi Sc M SI Ma Ci Ci Ci Ci Ci Ci Ci Ci Ci Ci Ci Ci Ci	PARTNER 2 - The Alternate Payer Name of Alternate Payee:	Gender: Male Female ee: (Non-Employee Spouse) Gender: Male Female ON: appear in the Order? Yes No Yes No If Yes: Date of Divorce: rights: trital coverture fraction i.e. separation date, complaint date, or divorce date Employees' Retirement System I:
PI Sc Pi Na Ci Pi Sc M Si M Ci Ci Ci Sc Si M Si Si Si Si Si Si Si Si Si Si Si Si Si	PARTNER 2 - The Alternate Payer Name of Alternate Payer Name of Alternate Payee:	Gender: Male Female ee: (Non-Employee Spouse) Gender: Male Female ON: appear in the Order? Yes No Yes No If Yes: Date of Divorce: rights: trital coverture fraction i.e. separation date, complaint date, or divorce date Employees' Retirement System I:
PI Sc Pi Na Ci Pi Sc M SI M Ci Ci Ci Ex Is	PARTNER 2 - The Alternate Payer Name of Alternate Payers and of Birth: Last Known Mailing Address: City, State, Zip Code: Chone: C	Gender: Male Female ee: (Non-Employee Spouse) Gender: Male Female ON: appear in the Order? Yes No Yes No If Yes: Date of Divorce: rights: rital coverture fraction i.e. separation date, complaint date, or divorce date Employees' Retirement System Employees' Retirement System Employees' No

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7.	If the Alternate Payee will rece fraction, the numerator of whice City Employees' Retirement Sy months of the Participant's par (Check One):	ve a percentage, how will the marital property component be determined? B h is the total number of months of the Participant's participation in the New \ stem during the marriage, and the denominator will be the total number of ticipation in the New York City Employees' Retirement System through	ly a York
	Retirement * (Maujuska	s Formula – NY; Marx Formula – NJ; Act 175 - PA)	
	Specific Date Which Is	*	
	* The date specified above det checked, the monthly b retirement. If a Specific Date is	ermines the amount of the monthly benefit to be divided. If Retirement is enefit will be calculated using the years of service and final average salary agiven, the previously mentioned factors will be those appropriate for that da	s of ite.
8.	Has the Participant chosen a s through an early retirement su	pecial "Early Retirement" option that will provide increased retirement benefi osidy?	its
	Yes	No	
	Should this early retirement su Alternate Payee?	bsidy be included in the benefits to be divided between the Participant and the	he
	Yes	No	
9.	Should the Former Spouse rec Participant's benefits? Yes	eive a pro-rata share of any Cost of Living Adjustments applied to the No	
10.		s benefits start? Benefits will commence to the Alternate Payee when the soon as administratively feasible following the approval of this Order, which	:h
11.	Form of Payment to the Alterna (Only Option)	te Payee: Benefits will be paid to the Alternate Payee on a monthly basis.	
12.	Death of the Alternate Payee B retirement benefits have been the Participant. (Only Option)	efore Retirement: In the event of the death of the Alternate Payee before any received, the Alternate Payee's share of the Participant's benefits will revert t	o
13.	Death of the Alternate Payee A retirement benefits have comm Participant. (Only Option)	fter Retirement: In the event of the death of the Alternate Payee after any enced, the Alternate Payee's share of the Participant's benefits will revert to	the
14.	Should the Alternate Payee be Participant dies prior to retiren	considered the surviving spouse to the extent of the marital component if the tent?	е
	Yes*	No	
	* The New York City Employee rata share of the Ordinary Deat and 7 of this Checklist.	s' Retirement System will be instructed to pay the Alternate Payee his/her pro h Benefit to be determined in accordance with the formula set forth in items	o- 6
15.	These different options determ	ts: The New York City Employees' Retirement System offers its members a h respect to the manner in which they would like to receive their benefits. ine the amount to be received by the Participant as a monthly benefit, and the Benefit to any and all of the designated beneficiaries. The following is a ement options available to members of the New York City Employees' ect the option the Participant should be required to elect upon retirement.	e
	Should the Alternate Payee red	eive a Survivor Benefit upon the Member's death?	
	Yes	No	
	If the participant is a member of after July 1, 1973 and prior to Jon or after July 1, 1973) call for	f Tier 1 (joined NYCERS prior to July 1,1973) or Tier 2 (Joined NYCERS on or uly 27, 1976; and Investigators employed in District Attorney offices who joir addendum with options for these tiers.	r ned
		ns only apply to Tier III members (Uniformed Correction Force of the New Yor who joined the NYCERS on or after July 1, 1976.) (See other sections for other	
	1.) Any Option the Part	cipant Chooses to Elect (leaves the choice up to the Member).	
	2.) Maximum Retiremer benefit for the lifetime of the M will be payable to any beneficia	t Allowance (No Option): This option provides the maximum monthly retiren ember. Upon the death of the Member, all benefits will cease, and no benefit ery.	nent :s
	Example: The Member receive death.	s a monthly benefit of \$1,800 for his/her lifetime. All benefits cease upon his.	:/her
	3.) Option 1 – 100% Joi than the maximum for the lifeti	nt and Survivor Benefit: This option would provide a monthly benefit thatis lo me of the Member. Upon the Member's death, the Plan would pay his/her	ess

7.

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Example: The Member would receive a monthly benefit of \$1,000 for his/her lifetime. Upon the death of the Member his/her beneficiary would receive monthly payments of \$1,000 for his/her lifetime.

4.) Option 2 – 10%-90% Joint and Survivor Benefit: This option would provide a monthly benefit that is less than the maximum for the lifetime of the Member. Upon the death of the Member, the Plan would pay his/her beneficiary 90% or less (in increments of not less than 10%) of the monthly benefit paid to the Member. This benefit would be paid for the lifetime of the beneficiary. (Beneficiary designations are irrevocable. If the Member's beneficiary dies before the Member, all benefit payments would cease upon the death of the Member).

Example of an 80% J&S Benefit: The Member would receive a monthly benefit of \$1,500 per month. Upon the death of the Member, his/her beneficiary would receive monthly payments of \$1200 for his/her lifetime.

If this option is selected should the member be required to choose

_____ % Joint and Survivor Benefit (90% or less in increments of not less than 10%)

5.) Option 3 - Five-Year Certain Option: The Member would receive a monthly benefit that is less than the maximum for the lifetime of the Member. If the Member dies prior to the completion of the 5 year period, his/her beneficiary would receive the same monthly benefit for the remainder of the 5 years. If the Member's beneficiary would predecease him/her the balance of the payments due for the remainder of the five- year period is continued to the retiree's contingent beneficiary. If none exists, it is paid in a lump sum to the estate of the retiree.

Example: The Member would receive a monthly benefit of \$1,500 for his/her lifetime. If the Member dies 3 years after retirement, his/her beneficiary would continue to receive \$1,500 each month for the remainder of the 5 year period.

6.) Option 4 - Ten-Year Certain Option: The Member would receive a monthly benefit that is less than the maximum for the lifetime of the Member. If the Member dies prior to the completion of the 10 year period,

his/her beneficiary would receive the same monthly benefit for the remainder of the 10 years. If the Member's beneficiary would predecease him/her the balance of the payments due for the remainder of the ten- year period is continued to the retiree's contingent beneficiary. If none exists, it is paid in a lump sum to the estate of the retiree.

Example: The Member would receive a monthly benefit of \$1,650 for his/her lifetime. If the Member dies 3 years after retirement, his/her beneficiary would continue to receive \$1,650 each month for the remainder of the 10 year period.

7.) Option 5 - Pop-Up Option 100% or 50%: This option is a variation of Options 1 and 2 and provides that if a 100% or 50% Joint and Survivor Benefit option is elected, and the beneficiary predeceases the Member, then the retirement allowance will "pop up" to the level of the Maximum Retirement Allowance. The monthly retirement benefits received under this option will be subject to greater reductions than under Options 1 or 2. (Beneficiary designations are irrevocable. If the Member's beneficiary dies before the Member, all benefit payments would cease upon the death of the Member).

Example: The Member would receive a monthly benefit of \$900 for his/her lifetime. Upon the death of the Member, his/her beneficiary would receive monthly payments of \$900 for his/her lifetime. If the beneficiary predeceases the Member, the Member's benefit would "pop-up" to \$1,800.

If this option is selected should the member be required to choose

Pop-Up Option 100% OR Pop-Up Option 5

Tier IV: These retirement options only apply to Tier IV members (Joined NYCERS on or after July 26, 1976 with the exception of NYC Department of Correction who are Tier III member and Investigators who are employed by District Attorneys' offices who are Tier II members.) (See other sections for other Tier options.)

	1.) Any	Option the	Participant	Chooses	to E	:lec	į
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2.) Maximum Retirement Allowance (No Option): This option provides the maximum monthly retirement benefit for the lifetime of the Member. Upon the death of the Member, all benefits will cease, and no benefits will be payable to any beneficiary.

Example: The Member receives a monthly benefit of \$1,800 for his/her lifetime. All benefits cease upon his/her death.

3.) Option 1 – 100% Joint and Survivor Benefit: This option would provide a monthly benefit that is less than the maximum for the lifetime of the Member. Upon the Member's death, the Plan would pay his/her beneficiary the same monthly benefit for the lifetime of beneficiary. (Beneficiary designations are irrevocable.

If the Member's beneficiary dies before the Member, all benefit payments would cease upon the death of the Member).

Example: The Member would receive a monthly benefit of \$1,000 for his/her lifetime. Upon the death of the Member his/her beneficiary would receive monthly payments of \$1,000 for his/her lifetime.

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that is less than the m pay his/her beneficiar Member. This benefit	aximum for the lifet y 75% or less (in inc would be paid for th	ime of the Me crements of no ne lifetime of t	mber. Upon th ot less than 25 he beneficiar	6%) of the monthly ben v. (Beneficiary designa	r, the Plan would efit paid to the ations are
irrevocable. If the Mei death of the Member).		nes before the	e Member, an	benem payments woul	d cease upon the
Example of an 75% J8 death of the Member,	S Benefit: The Men	nber would re would receive	ceive a month monthly payr	nly benefit of \$1,500 pe nents of \$1125 for his/	r month. Upon the her lifetime.
If this option is selecte	ed should the memb	er be require	d to choose		
% Join	t and Survivor Bene	efit (75% or les	s in incremer	its of not less than 25%	%)
maximum for the lifeti his/her beneficiary wo beneficiary would pre	me of the Member. ould receive the sam decease him/her the	If the Member ne monthly be balance of the	dies prior to nefit for the re le payments o	eive a monthly benefit the completion of the s mainder of the 5 year ue for the remainder o cists, it is paid in a lum	5 year period, s. If the Member's of the five- year
Example: The Membe years after retirement, 5 year period.	r would receive a m his/her beneficiary	onthly benefit would contin	t of \$1,500 for ue to receive	his/her lifetime. If the \$1,500 each month for	Member dies 3 the remainder of the
the maximum for the I his/her beneficiary wo beneficiary would pre	ifetime of the Memb ould receive the sam decease him/her the	er. If the Men e monthly be balance of th	nber dies prio nefit for the re ne pavments d	ceive a monthly benefi r to the completion of t mainder of the 10 yea ue for the remainder o ists, it is paid in a lump	the 10 year period, rs. If the Member's of the ten- year
Example: The Membe years after retirement, the 10 year period.	r would receive a m his/her beneficiary	onthly benefit would contin	t of \$1,650 for ue to receive	his/her lifetime. If the \$1,650 each month for	Member dies 3 the remainder of
that if a 100% or 50% . Member, then the retir	Joint and Survivor E rement allowance wi nefits received und esignations are irrev	Benefit option ill "pop up" to er this option rocable. If the	is elected, an the level of the will be subject Member's be	ariation of Options 1 a d the beneficiary pred ne Maximum Retiremer t to greater reductions neficiary dies before th	eceases the
Example: The Membe Member, his/her bene predeceases the Mem	er would receive a n ficiary would receive ber, the Member's b	nonthly benefi e monthly pay enefit would	it of \$900 for h ments of \$900 "pop-up" to	nis/her lifetime. Upon t) for his/her lifetime. It \$1,800.	the death of the f the beneficiary
If this option is selecti	on should the mem	ber be require	ed to choose		
Pop-Սր	Option 100%	OR		Pop-Up Option	50%
For an additional fee o	·			n Administrator for pro	e-approval?
Credit Card:	MC	Visa	Amex	Discover	
Credit Card #:					
	Expiration Date:	/		CVV:	
Name as it appears on	the credit card:				
Billing address of the cr					
zig adalooo of the of					
Observe and Marray Order					
Checks and Money Orders sh PLEASE NOTE: Requests at	nould be made payable to locompanied by personal ch	Pension Appraiser necks will be he	s, Inc. Id for two weeks to	ensure that the check clears.	
MAIL THIS REQUEST FORM	1 TO: Pension Appraisers,	Inc., P.O. Box 439	6, Allentown, PA	8105	

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16.

17.