

Referred By: \_\_\_\_\_

## **PERS QUESTIONNAIRE**

1. Your Full Name: Mr.\_\_\_\_ Ms.\_\_\_\_ \_\_\_\_\_
2. Your Ex Spouse's Name: Mr.\_\_\_\_ Ms. \_\_\_\_ \_\_\_\_\_
3. Who is the Plaintiff? \_\_\_\_\_
4. Who owns the Pension? \_\_\_\_\_
5. Your Date of Birth: \_\_\_\_\_
6. Your Social Security Number: \_\_\_\_\_
7. Your Ex Spouse's Date of Birth: \_\_\_\_\_
8. Your Ex Spouse's Social Security Number: \_\_\_\_\_
9. Your Full Mailing Address:  
\_\_\_\_\_
10. Your Ex Spouse's Full Mailing Address:  
\_\_\_\_\_
11. Date of Marriage: \_\_\_\_\_
12. Date of Divorce: \_\_\_\_\_
13. In what state were/are you divorced/divorcing? \_\_\_\_\_
14. Date of Separation (or the date the benefit is to be computed): \_\_\_\_\_
15. **PLEASE ATTACH** a copy of the underlying Order or Decree permitting the division of the account by Qualified Domestic Relations Order.
16. Date member entered the plan: \_\_\_\_\_
17. Provide all dates of service and/or credits for service: \_\_\_\_\_
18. Did member purchase any service credit? YES \_\_\_ NO \_\_\_
  - a. If YES, provide the date of purchased service credit: \_\_\_\_\_
  - b. Is former spouse to receive credit for purchased service credit? YES \_\_\_ NO \_\_\_
  - c. Is the purchased service to be excluded from the formula to calculate the former spouse's share? YES \_\_\_ NO \_\_\_

19. Member's current or retired employment/service (i.e. firefighter, police officer, etc.)?  
\_\_\_\_\_
20. Date member retired: \_\_\_\_\_
21. Date member is first eligible to retire: \_\_\_\_\_
22. Is there a survivor benefit? YES \_\_\_ NO \_\_\_
23. Was a survivor beneficiary designation ordered by the court, either in the Decree or QDRO?  
YES \_\_\_ NO \_\_\_
- If YES, who was designated? \_\_\_\_\_

**Pre-Retirement Survivor Annuity:**

24. a.) Do you want to be named or name a beneficiary(ies) on the Survivor Beneficiary Designation form provided by PERS to receive a lifetime benefit in the event of the member's death prior to retirement? YES \_\_\_ NO \_\_\_  
If YES: what percentage of the benefit(s) are you/each beneficiary to receive?  
\_\_\_\_\_  
\_\_\_\_\_

**For Members:**

- b.) Do you want to name additional payees? YES \_\_\_ NO \_\_\_  
If YES: what percentage of the benefit(s) are the additional payee(s) to receive?  
\_\_\_\_\_  
\_\_\_\_\_
- c.) Do you want to designate a survivor beneficiary (A spouse or registered domestic partner) on the Survivor Beneficiary Designation form provided by PERS? YES \_\_\_ NO \_\_\_  
If YES: list name, social, date of birth.  
\_\_\_\_\_  
\_\_\_\_\_
- d.) Do you want to designate a Tertiary Beneficiary designation to receive a one-time lump sum payment when there is no spouse or registered domestic partner and no survivor beneficiary/additional payee designation or living and no minor children/student payments are being made by the System on the Survivor Beneficiary Designation form provided by PERS? YES \_\_\_ NO \_\_\_  
If YES: list name, address, SSN, DOB, and M or F.  
\_\_\_\_\_  
\_\_\_\_\_

25. Has a retirement option been selected or ordered? (Ex. Options 1-7) YES \_\_\_ NO \_\_\_  
If YES, please specify: \_\_\_\_\_

26. If Ex Spouse dies before the member, does Ex Spouse want the annuity to go to his/her estate? YES \_\_\_ NO \_\_\_
27. Will Ex Spouse share in post-retirement increases? YES \_\_\_ NO \_\_\_
28. If the member has retired, are there any arrearages owed to the ex spouse? YES \_\_\_ NO \_\_\_  
If YES, does the ex spouse plan to seek re-payment of those funds? YES \_\_\_ NO \_\_\_
29. Do you have a copy of your PERS Estimate Calculation for Service Retirement?  
If so, **PLEASE ATTACH** a copy to this form.

**Your Contact Information:**

E-mail address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Please scan and email this form along with any other pertinent information to:  
[qdro@qdromasters.com](mailto:qdro@qdromasters.com) Fax to: (702) 438-5311, or Mail to:

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