

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

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:
kristina@willicklawgroup.com, Fax to: (702) 438-5311, or Mail to:

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