

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 Fax to: (702) 438-5311, or Mail to:

QDRO Masters c/o Willick Law Group
3591 E.Bonanza Road, Suite 200
Las Vegas, NV 89110-2101