

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY—DIVISION OF PENSIONS AND BENEFITS  
PO BOX 295, TRENTON, NJ 08625-0295

**REQUEST FOR A RETIREMENT ESTIMATE**  
**POLICE AND FIREMEN'S RETIREMENT SYSTEM**

Membership #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you retired from PFRS  
previously and returned to work?  Yes  No

**Retirement Type: Check One**

- SERVICE** At least age 55; no minimum service requirement  
or; 20–24 years of service at any age (if enrolled in the PFRS on 1/18/2000).
- SPECIAL** Any age; 25 or more years of service\*
- DEFERRED** Under age 55; 10 or more years of service\*; pension begins at age 55
- ORDINARY  
DISABILITY** Totally and permanently disabled; 4 or more years of New Jersey service\*
- ACCIDENTAL  
DISABILITY** Totally and permanently disabled as a result of an accident on the job  
What was the date of the accident that caused the disability? \_\_\_\_\_

Planned Retirement Date: \_\_\_\_\_ Date you will terminate employment: \_\_\_\_\_  
*must be the first of a month  
and within 2 years of today's date*

Spouse's or Civil Union/Domestic Partner's Name: \_\_\_\_\_

Spouse's or Civil Union/Domestic Partner's Birth Date: \_\_\_\_\_

**THIS FORM IS NOT AN APPLICATION FOR RETIREMENT**

An application for retirement allowance must be filed with the Division of Pensions and Benefits before your retirement date, preferably three to four months in advance to allow time for processing.

*\*Service means service credited in the retirement system, which may not coincide with service with your employer. For Ordinary Disability, this service must have been performed in New Jersey. (Out-of-state, military, and U.S. government service purchases cannot be used to attain the 4 years.)*

**FOR DIVISION USE ONLY**

REASON FOR MANUAL CALCULATION (Attach screen print):

Chpt. 247  Chpt. 428  Other (Explain): \_\_\_\_\_

\_\_\_\_\_

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_