



State of New Jersey • Department of the Treasury

**DIVISION OF PENSIONS & BENEFITS — JUDICIAL RETIREMENT SYSTEM**

P.O. Box 295, Trenton, NJ 08625-0295

**JUDICIAL RETIREMENT SYSTEM (JRS)  
APPLICATION FOR RETIREMENT ALLOWANCE**

**PART 1 — ACKNOWLEDGMENT OF TERMS AND CONDITIONS OF RETIREMENT**

**You must agree to and sign these terms and conditions when applying for retirement. If you fail to sign this acknowledgement, your *Application for Retirement Allowance* will not be processed.**

- I understand that I must meet all of the eligibility requirements for retirement and cannot submit an application more than one year before my retirement date (if applying for Deferred Retirement, I may file more than one year in advance upon termination of employment).
- I understand that my employer will be notified that I have filed an application for retirement.
- I understand that if I change or cancel my retirement date and submit a new application with a later retirement date, it is my responsibility to notify my employer to ensure that any active health benefits are not canceled and that my employment remains uninterrupted.
- I understand that changing or canceling my retirement date does not guarantee continued employment with my employer.
- I understand that I cannot make pre-arrangements with my employer to return to employment in any capacity (this does not apply to judges recalled by the Superior Court for temporary service).
- I understand that the beneficiary designation I am indicating on this retirement application supersedes all prior designations, even if my retirement is not yet effective or if I cancel my retirement. The New Jersey Division of Pensions & Benefits (NJDPB) will honor this as my most recent beneficiary designation on file, unless another beneficiary designation is made after the retirement application.
- I understand that any beneficiary I designate who does not have a Social Security Number will be contacted by the NJDPB instructing them to complete and return a federal *Form W-8BEN*. Upon receipt of the completed form, any pension benefit will be payable to my beneficiary minus 30 percent federal income tax. No payment will be issued until a properly completed *Form W-8BEN* is received.
- I understand that if I die prior to the retirement date indicated on this retirement application, any retirement benefits that may be payable to a beneficiary cannot be paid until the retirement date selected.
- I understand that Direct Deposit, also known as Electronic Funds Transfer (EFT), is required for all new retirees. I agree to complete the enclosed EFT form and submit it with my application for retirement or my application will not be processed. I further understand that submitting incorrect information regarding my bank account and/or routing number will hold up the processing of my retirement application.

My signature below indicates I have read and agree to the Terms and Conditions of Retirement, have not pre-arranged with my employer to return to employment in any capacity, and attest that the information provided on this application is true and correct.

\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
 Member Signature Date

**If you need help in completing this application, contact the JRS at (609) 690-4859**

**PART 2 — MEMBER INFORMATION**

1. Membership Number \_\_\_\_\_

2. Name \_\_\_\_\_  
Last First Middle

3. Address \_\_\_\_\_  
Street Apt No.  
 \_\_\_\_\_  
City State Zip Code

4. Social Security Number \_\_\_\_\_ 5. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Phone Number \_\_\_\_\_

7. Email Address \_\_\_\_\_

8. Retirement Date — To be effective the first day of \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

**Note:** Retirement is mandatory at age 70 for all members of the JRS with the effective date of retirement being your 70th birthday.

9. Type of Retirement — Indicate the type of retirement for which you are applying (see page 6 for definitions).

Service Retirement       Early Retirement       Deferred Retirement

10. Marital Status    Single    Married    Civil Union/Domestic Partnership    Divorced    Separated

11. Spouse's or Civil Union/Domestic Partner's Name \_\_\_\_\_  
Last First Middle Initial

12. Spouse's or Civil Union/Domestic Partner's Social Security Number \_\_\_\_\_

13. Spouse's or Civil Union/Domestic Partner's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

14. Spouse's or Civil Union/Domestic Partner's Address \_\_\_\_\_  
Street Apt No.  
 \_\_\_\_\_  
City State Zip Code

15. Date of Marriage/Civil Union/Domestic Partnership \_\_\_\_/\_\_\_\_/\_\_\_\_

16. Children Under 18 Years of Age

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Member Name \_\_\_\_\_ Membership Number \_\_\_\_\_

**PART 3 — CHOOSE A RETIREMENT PAYMENT OPTION AND BENEFICIARY INFORMATION**

**USE THIS PAGE FOR THE MAXIMUM OPTION OR OPTION 1 ONLY — Additional payment options are listed on the following page.**

Indicate whether your choice for a method of payment is the Maximum Option or Option 1. Maximum Option and Option 1 beneficiaries share the benefit equally. Refer to the *JRS Survivor Benefits and Pension Options* Fact Sheet for an explanation of each option. You will receive a monthly retirement allowance for your lifetime, regardless of which option you choose. Choosing an option other than the Maximum will reduce your retirement allowance. You cannot change your payment option once your retirement becomes due and payable.

**Mark only one box.**

**MAXIMUM OPTION** — No Pension Benefit To Beneficiary — Largest allowance paid to you with no pension benefit paid to a named beneficiary upon your death. \_\_\_\_\_  
(You must sign here if choosing this option)

**OPTION 1** — Reducing Retirement Reserve To A Beneficiary — Your named beneficiary receives the balance of a reserve set up to pay your retirement allowance if you die before the reserve is depleted. You can name more than one beneficiary, and you can change your beneficiary(ies) at any time after retirement.

**NAME A RETIREMENT OPTION BENEFICIARY (OR BENEFICIARIES) FOR THE MAXIMUM OPTION OR OPTION 1**

**PRIMARY BENEFICIARY(IES)**

Beneficiary Name	Relationship	Birth Date	Social Security Number
1. _____	_____	____/____/____	_____

Address \_\_\_\_\_

2. _____	_____	____/____/____	_____
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Address \_\_\_\_\_

**CONTINGENT BENEFICIARY(IES) — If no primary beneficiary is living at my death, payment is to be made to**

Beneficiary Name	Relationship	Birth Date	Social Security Number
1. _____	_____	____/____/____	_____

Address \_\_\_\_\_

2. _____	_____	____/____/____	_____
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Address \_\_\_\_\_

(Attach additional sheets for three or more beneficiaries. Additional sheets must be signed and dated.)

**I attest that the information provided on this application is true and correct.**

\_\_\_\_\_  
Member Signature \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date

*Sign this page if selecting the Maximum Option or Option 1 and then continue to Part 4  
 Otherwise, continue to Part 3 on the next page for additional payment options.*

**PART 3 — CHOOSE A RETIREMENT PAYMENT OPTION AND BENEFICIARY INFORMATION**

If you did not select the Maximum Option or Option 1, indicate your choice on this page for method of payment. Refer to the *JRS Survivor Benefits and Pension Options* Fact Sheet for an explanation of each option. You will receive a monthly retirement allowance for your lifetime, regardless of which option you choose. Choosing an option other than the Maximum will reduce your retirement allowance to provide a monthly benefit to a beneficiary upon your death. The higher your beneficiary's allowance, the more your allowance will be reduced. You cannot change your payment option once your retirement becomes due and payable.

Under Options A, B, C, or D, you can name only one beneficiary and you cannot change your beneficiary after retirement. If your beneficiary dies before you, your retirement allowance will increase to the Maximum Option.

- OPTION A – 100 Percent To Beneficiary - Increase To Maximum Option** — Upon your death, your named beneficiary receives a lifetime monthly retirement allowance equal to 100 percent of your monthly allowance.
- OPTION B – 75 Percent To Beneficiary - Increase To Maximum Option** — Upon your death, your named beneficiary receives a lifetime monthly retirement allowance equal to 75 percent of your monthly allowance.
- OPTION C – 50 Percent To Beneficiary - Increase To Maximum Option** — Upon your death, your named beneficiary receives a lifetime monthly retirement allowance equal to 50 percent of your monthly allowance.
- OPTION D – 25 Percent To Beneficiary - Increase To Maximum Option** — Upon your death, your named beneficiary receives a lifetime monthly retirement allowance equal to 25 percent of your monthly allowance.

Under **Options 2, 3, and 4**, you cannot change your beneficiary after retirement. Options 2 and 3 pay you a larger monthly retirement allowance than the corresponding Options A and C. However, under Options 2 and 3, if your beneficiary dies before you, you continue to receive the reduced allowance provided by that option.

- OPTION 2 – 100 Percent To Beneficiary - Permanent Reduction** — You can name only one beneficiary. Upon your death, your named beneficiary receives a lifetime monthly retirement allowance equal to 100 percent of your monthly allowance.
- OPTION 3 – 50 Percent To Beneficiary - Permanent Reduction** — You can name only one beneficiary. Upon your death, your named beneficiary receives a lifetime monthly retirement allowance equal to 50 percent of your monthly allowance.

**RETIREMENT OPTION BENEFICIARY** — For Options A, B, C, D, 2, and 3 you may list only one beneficiary.

Beneficiary Name	Relationship	Birth Date	Social Security Number
_____	_____	____/____/____	_____

Address \_\_\_\_\_

- OPTION 4 – Choice Of Amount To Beneficiary - Permanent Reduction** — You can name one beneficiary or multiple beneficiaries. Upon your death, your named beneficiary(ies) receives a lifetime monthly retirement allowance indicated.

**OPTION 4 BENEFICIARIES** (Attach additional signed and dated sheets for three or more beneficiaries.)

Beneficiary Name	Relationship	Birth Date	Social Security Number
_____	_____	____/____/____	_____

Address \_\_\_\_\_

**Enter Amount \$** \_\_\_\_\_ (Can be no more than the Option 2 allowance.)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address \_\_\_\_\_

**Enter Amount \$** \_\_\_\_\_ (Can be no more than the Option 2 allowance.)

**I attest that the information provided on this application is true and correct.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*Member Signature* *Date*

Member Name \_\_\_\_\_ Membership Number \_\_\_\_\_

**PART 4 — DESIGNATION OF NONCONTRIBUTORY GROUP LIFE INSURANCE BENEFICIARY(IES)**

Only those members with 10 or more years of membership credit are covered by Noncontributory Group Life Insurance at retirement. This section is to be used to name a beneficiary(ies) for your Noncontributory Group Life Insurance, if any. Please be sure to name both a primary and contingent beneficiary(ies). Complete this section even if the beneficiary you name is the same as in Part Three. This designation becomes effective when received by the NJDPB.

**PRIMARY BENEFICIARY(IES)**

Beneficiary Name	Relationship	Birth Date	Social Security Number
1. _____	_____	____/____/____	_____
Address _____			
2. _____	_____	____/____/____	_____
Address _____			
3. _____	_____	____/____/____	_____
Address _____			
4. _____	_____	____/____/____	_____
Address _____			

**CONTINGENT INSURANCE BENEFICIARY(IES) —** If no primary beneficiary is living at my death, payment is to be made to

Beneficiary Name	Relationship	Birth Date	Social Security Number
1. _____	_____	____/____/____	_____
Address _____			
2. _____	_____	____/____/____	_____
Address _____			
3. _____	_____	____/____/____	_____
Address _____			
4. _____	_____	____/____/____	_____
Address _____			

**I attest that the information provided on this application is true and correct.**

\_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
*Member Signature* *Date*

**Mail completed application to:**  
**New Jersey Division of Pensions & Benefits**  
**Attention: Judicial Retirement System**  
**P.O. Box 295**  
**Trenton, NJ 08625-0295**

## TYPES OF RETIREMENT

There are several types of retirement to meet your individual needs. JRS retirements are calculated using a combination of your age at retirement, your total years of judicial service credit and/or non-judicial service credit, and your Final Salary.

### Definitions:

**In the aggregate of public service** — your total years of both judicial and non-judicial service credit in the JRS. This would include service transferred into JRS from another New Jersey State-administered retirement system.

**Final Salary** — the salary on which your JRS pension contributions are based as of the date of your retirement.

**Judicial Service** — all your years as a judge under the JRS.

### Service Retirement

This is the type of retirement for which most members qualify. There are several types of Service Retirement based upon your years of judicial and/or non-judicial service.

**Mandatory Service Retirement** — The annual benefit is calculated using the Service Retirement formula that best matches your total years of judicial service credit and/or non-judicial service credit.

If you do not file a retirement application before age 70, you are automatically retired on your 70th birthday. Retirement benefits, however, are not payable until the application is filed.

**Service Retirement with only Judicial Service** — If you retire at:

- Age 70 with 10 or more years of judicial service;
- Age 65 or older with 15 or more years of judicial service; or
- Age 60 or older with 20 or more years of judicial service; your annual benefit is calculated at 75 percent × Final Salary.

**Service Retirement with Judicial Service and Non-Judicial Service** — If you retire at:

- Age 65 or older with 15 or more years in the aggregate of public service of which five or more consecutive years were judicial service; or
- Age 60 or older with 20 or more years in the aggregate of public service of which five or more consecutive years were judicial service; your annual benefit is calculated at 50 percent × Final Salary.

If you retire at age 60 – 64 with 15 or more years in the aggregate of public service of which five or more consecutive years were judicial service, your annual benefit is calculated as follows:

Two percent × Final Salary × number of years of service up to 25 years, plus one percent × Final Salary × number of years of service over 25 years.

If you retire at age 60 or older and do not meet the minimum amounts of service credit listed above, your annual benefit is calculated as follows:

Two percent × Final Salary × number of years of judicial service up to 25 years, plus one percent × Final Salary × number of years of service over 25 years.

### Early Retirement

This type of retirement is available to members who have at least 25 years in the aggregate of public service of which five or more consecutive years are judicial service and who are not yet age 60. You receive a retirement based upon the following formula:

Two percent × Final Salary × number of years of service up to 25 years, plus one percent × Final Salary × number of years of service over 25 years.

The retirement benefit will be actuarially reduced for the number of months remaining until you are age 60 to cover the cost of paying your benefit over a longer period of time.

### Deferred Retirement

This type of retirement is available to members who are not yet 60 when they terminate JRS-covered employment and have at least 10 years in the aggregate of public service of which five or more consecutive years were judicial service. At age 60 you have a right to a retirement benefit.

Your Deferred Retirement benefit is calculated in the same way as an Early Retirement, taking into account your salary and service when you leave. However, your Deferred Retirement benefit is not actuarially reduced since it is not payable until you reach age 60.

If you are removed from employment for cause on charges of misconduct or delinquency, you are ineligible for Deferred Retirement benefits.



State of New Jersey • Department of the Treasury

**DIVISION OF PENSIONS & BENEFITS — RETIRED PAYROLL**

P.O. Box 295, Trenton, NJ 08625-0295

**AUTHORIZATION FOR DIRECT DEPOSIT OF  
RETIREMENT PAYMENT/SURVIVOR BENEFIT****INSTRUCTIONS**

1. Read the terms and conditions listed below.
2. Enter your name, mailing address, membership number (for retirement payment) or retirement number (for survivor benefit), Social Security number, and home telephone number.
3. Mark the appropriate payment and account type boxes, and print the financial institution's account number, routing number, and name and address where indicated. Be sure to double-check your account and nine-digit routing numbers before submitting this form — inaccurate information will delay processing of this application or your payment.
4. You and all other parties to this account must sign the form. You are required to notify the New Jersey Division of Pensions & Benefits (NJDPB) of any changes to this account.
5. Attach a voided check if using a checking account and return the completed form to the NJDPB at the address above.

**RECIPIENT INFORMATION**Fund  PERS  TPAF  PFRS  SPRS  JRS

Your Name \_\_\_\_\_

Membership/Retirement Number \_\_\_\_\_  
(For Retirement Payment and Survivor Benefit Only)

Your Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Financial Institution

Street of Financial Institution

City, State, Zip of Financial Institution

Your Signature and Date

Your Account Number

TYPE OF ACCOUNT  CHECKING  SAVINGS

Financial Institution's Nine-Digit Routing Number

Signature of Other Person on Account and Date

Signature of Other Person on Account and Date

Please read the terms and conditions below and attach a voided check if authorizing a checking account.  
This will be used to verify your financial institution's routing and account number.

**TERMS AND CONDITIONS****Benefit Recipient**

I authorize the NJDPB and the financial institution indicated to directly deposit my net retirement allowance or survivor benefit each month to the account specified. Direct deposit under this authorization is full satisfaction and discharge of the amount then due and payable under the retirement system or benefit program. I understand that the provisions of the statutes governing the pension funds prohibit the deposit of retirement payments to a trust fund. I understand that any retirement allowance or survivor benefit forwarded to the financial institution with a due date after my death will be refunded to the appropriate retirement system. I agree that the financial institution shall have the right of offset for such a refund. I further understand that this agreement may be changed by me upon written notification to the NJDPB. The change will be processed for the pay period following the NJDPB's receipt of the notice. I understand that a change in the title of this account which alters the interest of any party terminates this authorization, and a new authorization submitted to the NJDPB with any deletions or additions to the parties named on the account, or changes to the account itself. I understand that it is my responsibility to inform the NJDPB of address changes immediately. I authorize the financial institution to provide the NJDPB with my home address.

**Other Parties to the Account**

As a party to this account, I understand that I am personally liable, both individually and as a member of the group of parties to this account, for the full amount of all retirement allowances or survivor benefit payments with due dates after the death of the benefit recipient withdrawn from the account. This liability is to the retirement system or benefit program. If I am entitled to any benefit from the retirement system or benefit program as a beneficiary of the benefit recipient, the amount of my liability may be deducted from the amount payable to me. I agree that the financial institution shall have the right of offset for such a refund and I authorize the financial institution to provide the NJDPB with my home address.