



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)
ENROLLMENT APPLICATION**

See page 2 for instructions on completing this form.

FOR NJDPB USE ONLY:	Location Number: _____	Membership Number: _____
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APPLICANT INFORMATION:

1. Name: _____
Last First Middle Former Name Used During Previous membership (if applicable)
2. Address: _____
Street City State Zip Code
3. Social Security Number: _____
4. Date of Birth: _____ / _____ / _____
Month Day Year
5. Gender: Male Female
6. Daytime Phone: (_____) _____ — _____
- 7a. Marital Status: _____
- 7b. Date of Marriage/Civil Union: _____ / _____ / _____
Month Day Year
8. Spouse/Partner's Date of Birth: _____ / _____ / _____
Month Day Year
- 9a. Enter the name of any public retirement system in which the applicant is or has been a member in this or any other state:

- 9b. Enter the Membership Number: _____

EMPLOYER INFORMATION:

10. Employer Name: **ADMINISTRATIVE OFFICE OF THE COURTS**
11. Payroll Number: **750**
12. Title/Position of Applicant: _____
13. Date of Oath: _____ / _____ / _____
Month Day Year
14. Annual Salary: \$ _____

EMPLOYER CERTIFICATION:

I certify that this employee and position meets the eligibility criteria for the retirement system as provided by law. I acknowledge that I am subject to penalty for falsifying or permitting to be falsified any record, application, form, or report of the retirement system in an attempt to defraud the system pursuant to N.J.S.A. 43:3C-15. Two signatures required.

15. Certifying Officer: _____
Print Name Signature Date
16. Certifying Officer's Supervisor: _____
Print Name Signature Date
17. Phone Number: (_____) _____ — _____ Ext: _____

JUDICIAL RETIREMENT SYSTEM (JRS) ENROLLMENT APPLICATION INSTRUCTIONS

WHO IS REQUIRED TO ENROLL

The JRS covers the Chief Justice and Associate Justices of the Supreme Court and Judges of the Superior Court and Tax Court of the State of New Jersey. Membership in the retirement system is a condition for judicial service for members of the State Judiciary and such membership shall cease upon retirement, death, or resignation. Any judge, present or future, who is required to be a member of this system and who holds membership in another retirement system established pursuant to any other law of this State, shall cease to be a member of such other retirement system. Any judge collecting a benefit from another N.J. State-Administered Retirement System may not enroll and must waive membership in the JRS.

APPLICANT INFORMATION

1. **Name** — Enter applicant's full name (last name, first, middle initial). If applicant has a previous membership under a maiden or other name, enter that name in the space provided.
2. **Address** — Enter applicant's current mailing address.
3. **Social Security Number** — Enter applicant's Social Security number.
4. **Date of Birth** — Enter applicant's date of birth. Proof of age is required at the time of retirement. If available, attach a photocopy of the applicant's proof of age to this application. Do not delay submitting the *Judicial Retirement System (JRS) Enrollment Application* if proof of age is not available. Acceptable proof of age documents include: birth certificate with visible seal; passport or U.S. passport card; naturalization or immigration papers; or current digital New Jersey, Pennsylvania, or New York driver's license or an identification card (for non-drivers) issued by the N.J. Motor Vehicle Commission.
5. **Gender** — Indicate applicant's gender.
6. **Daytime Phone** — Enter applicant's daytime phone number and extension, including area code.
- 7a. **Marital Status** — Indicate the applicant's marital status.
- 7b. **Date of Marriage/Civil Union** — Enter the month, day, and year of the applicant's marriage/civil union (if applicable).
8. **Spouse/Partner's Date of Birth** — Enter the spouse/partner's date of birth (if applicable). Proof of age is required at the time of retirement. If available, attach a photocopy of the spouse/partner's proof of age to this application.
- 9a. **Is the applicant receiving retirement benefits** — Indicate if the applicant is receiving a benefit from a New Jersey State-administered retirement system, or a retirement benefit from any other state.
- 9b. **Pension Membership Number** — If applicable, enter the membership number.

EMPLOYER INFORMATION

10. **Employer Name** — This item is pre-filled.
11. **Payroll Number** — This item is pre-filled.
12. **Title/Position of Applicant** — Enter title/position of applicant.
13. **Date of Oath** — Enter the date of the Oath of Office.
14. **Annual Salary** — Indicate the applicant's annual salary.

EMPLOYER CERTIFICATION

15. **Certifying Officer** — The Certifying Officer must sign and print his/her name and date this application. Unsigned applications will be returned.
16. **Certifying Officer's Supervisor** — The Certifying Officer's Supervisor must sign and print his/her name and date this application. Unsigned applications will be returned.
17. **Phone Number** — Enter employer telephone number, including area code and extension, for the employer representative who completed this application.

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JRS ENROLLMENT APPLICATION INSTRUCTIONS

Note: The newly enrolled member's estate will automatically be designated as the beneficiary for any death benefit payable. New members should submit a *JRS Designation of Beneficiary* form to the New Jersey Division of Pensions & Benefits (NJDPB).

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