

STATE OF NEW JERSEY – DEPARTMENT OF THE TREASURY  
DIVISION OF PENSIONS AND BENEFITS

JUDICIAL RETIREMENT SYSTEM  
ENROLLMENT APPLICATION

DO NOT WRITE IN THIS BOX                      LOCATION NO.                      MEMBERSHIP NO.

APPLICANT INFORMATION (Please Print or Type – Instructions are on page 2 of this form)

1. Name: \_\_\_\_\_  
Last                      First (no nicknames)                      Middle                      Maiden Surname and Surname Used During Previous Membership

2. Address: \_\_\_\_\_  
Street                      City                      State                      Zip Code

3. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year  
(Copy of Birth Certificate or other proof must be attached)

4. Social Security #: \_\_\_\_\_

5. Daytime Phone: ( \_\_\_\_ ) \_\_\_\_-\_\_\_\_\_

6. Gender:  Male  Female

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 you are or have been a member in this or any other state: \_\_\_\_\_  
9b. Enter the Membership #: \_\_\_\_\_

EMPLOYER INFORMATION (Please Print or Type)

10. Employer Name: ADMINISTRATIVE OFFICE OF THE COURTS                      11. Payroll Number: 750

12. Title/Position of Applicant: \_\_\_\_\_

13. Date of Oath: \_\_\_\_/\_\_\_\_/\_\_\_\_                      14. Annual Salary: \$ \_\_\_\_\_  
Month Day Year

EMPLOYER CERTIFICATION

15. Name of Employer Representative Completing Application: \_\_\_\_\_

16. Phone Number: ( \_\_\_\_ ) \_\_\_\_-\_\_\_\_\_ Ext.: \_\_\_\_\_

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)

17. \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of Certifying Officer                      Month Day Year

18. \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of Certifying Officer's Supervisor                      Month Day Year

## ENROLLMENT APPLICATION INSTRUCTIONS

### WHO IS REQUIRED TO ENROLL

The Judicial Retirement System 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, required to be a member of this system, 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 NJ State Administered Retirement System may not enroll and must waive membership in the Judicial Retirement System.

### APPLICANT INFORMATION

1. **Name** — Enter the applicant's full name (last, first, and middle initial; no nicknames). If applicant has a previous membership under a maiden or other name, enter that name in the space provided.
2. **Address** — Enter the applicant's current mailing address.
3. **Date of Birth** — Enter the 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 Enrollment Application if proof of age is not available.** (Acceptable proof of age documents include: birth certificate; passport; naturalization or immigration papers; or certain other records, including baptismal records, military records, census records, school or business records, age recorded on marriage licenses, and insurance or children's birth records.)
4. **Social Security Number** — Enter the applicant's Social Security number.
5. **Daytime Phone Number** — Enter the applicant's daytime phone number and extension (be sure to include the area code).
6. **Gender** — Indicate the applicant's gender.
- 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. (Acceptable proof of age documents include: birth certificate; passport; naturalization or immigration papers; or certain other records, including baptismal records, military records, census records, school or business records, age recorded on marriage licenses, and insurance or children's birth records.)

9a. **Is the applicant receiving retirement benefits** — Indicate if the applicant is receiving a benefit from a New Jersey retirement system, or a retirement benefit from any other state.

9b. **Pension Membership Number** — If the applicant is receiving a benefit from a New Jersey retirement system, or a retirement benefit from any other state, 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 the 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. **Name of Employer Representative Completing Application** — Print the name of the human resources representative or other employer representative who completes this *Enrollment Application* for the applicant.
16. **Phone Number** — Enter employer telephone number for the person who completed this application (be sure to include the area code and extension).
17. **Certifying Officer** — The Certifying Officer **must sign and date this application**. Unsigned applications will be returned.
18. **Certifying Officer's Supervisor** — The Certifying Officer's Supervisor **must sign and date this application**. Unsigned applications will be returned.

**Please 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 Division of Pensions and Benefits.