

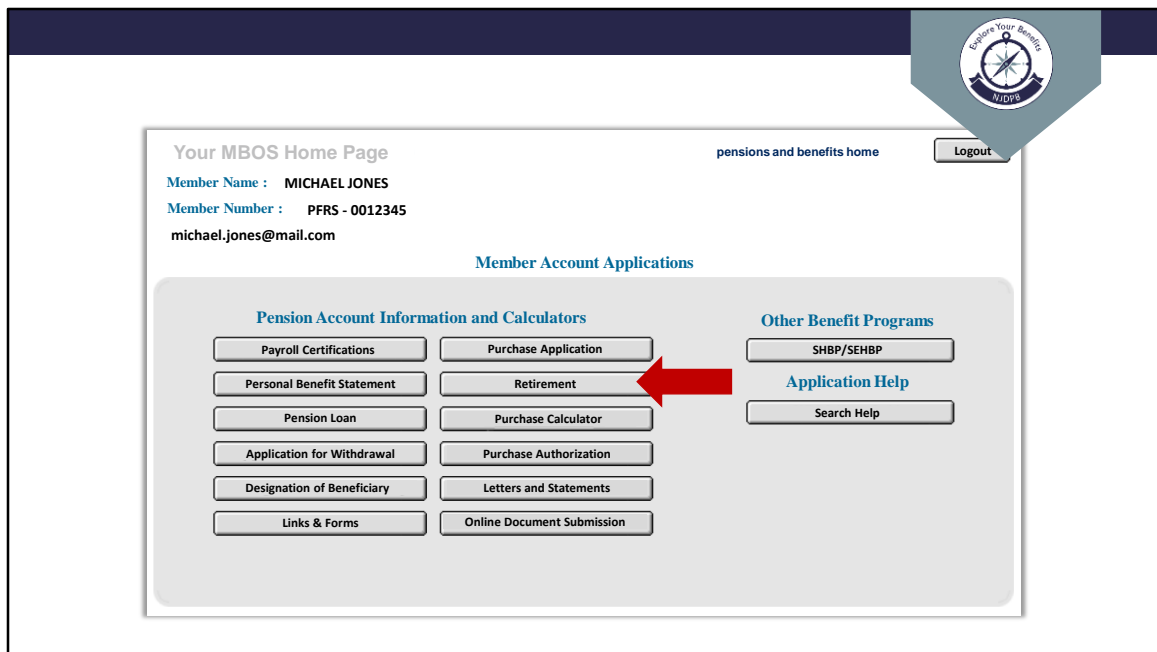


This step-by-step guide will assist active Police and Firemen's Retirement System (PFRS) members with how to submit a retirement application.

Active pension members must use the Member Benefits Online System (MBOS) to submit their retirement application. Authorized users can register for an MBOS account here: <https://www.nj.gov/treasury/pensions/mbos-register.shtml>

For assistance with the registration process, see the *Active MBOS Registration* video in our video gallery: <https://www.nj.gov/treasury/pensions/videos.shtml>

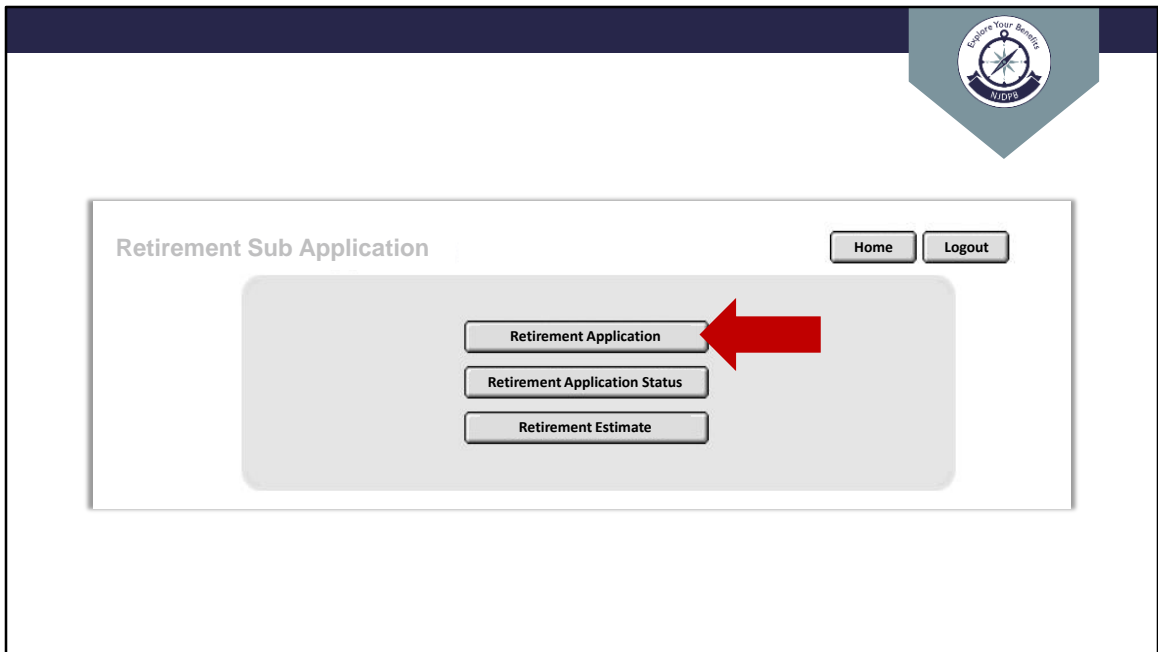
Please note, if you have already registered for MBOS, you will not be able to register again. If you need assistance accessing your existing MBOS account, please see our MBOS Troubleshooting videos in our video gallery.



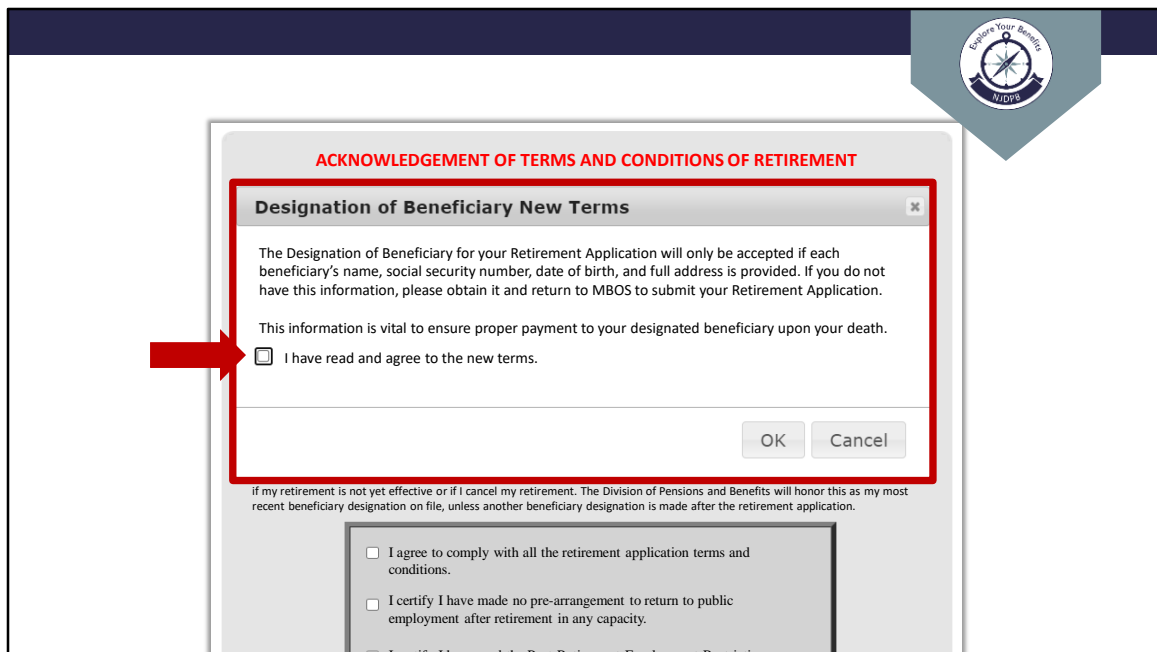
Once you have accessed your MBOS account, click the "Retirement" button to navigate to the retirement application.

Please note that the retirement application does not have a "Save" button. The application must be completed in its entirety and submitted in one sitting.

To exit the retirement application anytime before your final submission, click the "Home" button located at the top of your MBOS screen.



Next, click the "Retirement Application" button.



The screenshot displays the MBOS Retirement Application interface. A red arrow points to a dialog box titled "Designation of Beneficiary New Terms". The dialog box contains the following text:

ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF RETIREMENT

Designation of Beneficiary New Terms

The Designation of Beneficiary for your Retirement Application will only be accepted if each beneficiary's name, social security number, date of birth, and full address is provided. If you do not have this information, please obtain it and return to MBOS to submit your Retirement Application.

This information is vital to ensure proper payment to your designated beneficiary upon your death.

☐ I have read and agree to the new terms.

OK Cancel

If my retirement is not yet effective or if I cancel my retirement. The Division of Pensions and Benefits will honor this as my most recent beneficiary designation on file, unless another beneficiary designation is made after the retirement application.

☐ I agree to comply with all the retirement application terms and conditions.

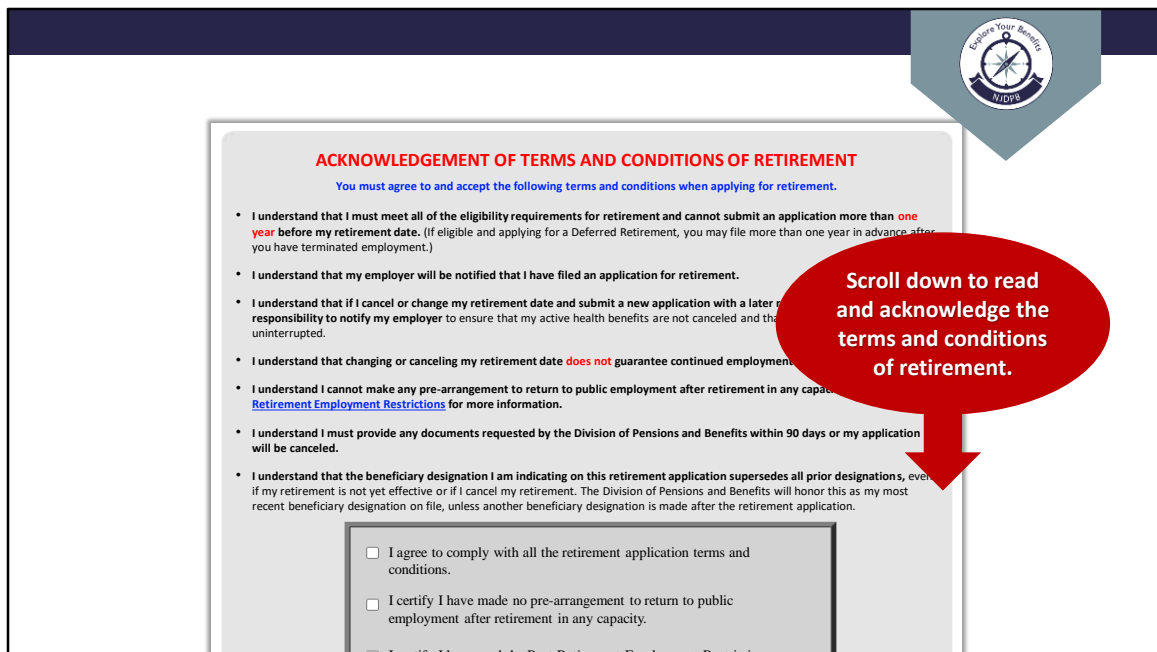
☐ I certify I have made no pre-arrangement to return to public employment after retirement in any capacity.

☐ I certify I have read the Post-Retirement Employment Restrictions.

Before proceeding to the application, a message will appear regarding the designation of beneficiaries for your retired death benefits.

Once you have thoroughly reviewed the designation of beneficiary terms, check the box stating you have read and agree to the terms then click "OK."

If you click "Cancel," the application will close and you will not be able to proceed.



ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF RETIREMENT

You must agree to and accept the following terms and conditions when applying for retirement.

- 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 eligible and applying for a Deferred Retirement, you may file more than one year in advance after you have terminated employment.)
- I understand that my employer will be notified that I have filed an application for retirement.
- I understand that if I cancel or change my retirement date and submit a new application with a later date, I have the responsibility to notify my employer to ensure that my 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.
- I understand I cannot make any pre-arrangement to return to public employment after retirement in any capacity. For more information, see [Retirement Employment Restrictions](#).
- I understand I must provide any documents requested by the Division of Pensions and Benefits within 90 days or my application will be canceled.
- 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 Division of Pensions and Benefits will honor this as my most recent beneficiary designation on file, unless another beneficiary designation is made after the retirement application.

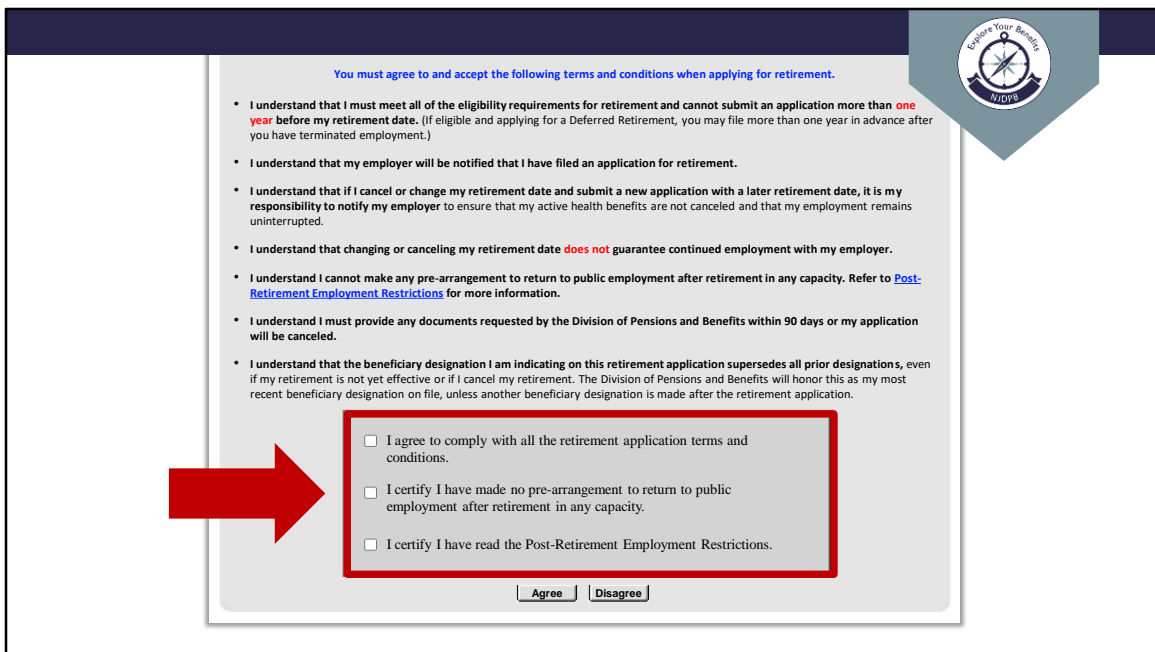
☐ I agree to comply with all the retirement application terms and conditions.

☐ I certify I have made no pre-arrangement to return to public employment after retirement in any capacity.

☐ I certify I have read the [Post-Retirement Employment Restrictions](#).

Scroll down to read and acknowledge the terms and conditions of retirement.

Next the “Acknowledgment of Terms and Conditions of Retirement” will appear. Thoroughly read through each bullet point.



The screenshot shows a retirement application form with a dark blue header. On the right side of the header is a circular logo with a compass rose and the text "Explore Your Benefits" and "NJOPB". The main content area is white with a light gray border. At the top of this area, a blue banner reads "You must agree to and accept the following terms and conditions when applying for retirement." Below this banner is a list of seven bullet points detailing the terms and conditions. At the bottom of the list, there are three checkboxes, each followed by a statement. A large red arrow points to the first checkbox. Below the checkboxes are two buttons: "Agree" and "Disagree".

You must agree to and accept the following terms and conditions when applying for retirement.

- 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 eligible and applying for a Deferred Retirement, you may file more than one year in advance after you have terminated employment.)
- I understand that my employer will be notified that I have filed an application for retirement.
- I understand that if I cancel or change my retirement date and submit a new application with a later retirement date, it is my responsibility to notify my employer to ensure that my 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 I cannot make any pre-arrangement to return to public employment after retirement in any capacity. Refer to [Post-Retirement Employment Restrictions](#) for more information.
- I understand I must provide any documents requested by the Division of Pensions and Benefits within 90 days or my application will be canceled.
- 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 Division of Pensions and Benefits will honor this as my most recent beneficiary designation on file, unless another beneficiary designation is made after the retirement application.

☐ I agree to comply with all the retirement application terms and conditions.


☐ I certify I have made no pre-arrangement to return to public employment after retirement in any capacity.

☐ I certify I have read the Post-Retirement Employment Restrictions.

Once you are done, click the three boxes next to statements listed at the bottom of the page indicating that you agree to comply with the above listed terms and conditions.

Click "Agree" to go on to the next page.

If you cannot agree to these terms, click "Disagree" and the application will close.



Name: MICHAEL JONES **Member Number:** 03 - 0012345

**Before submitting your Retirement Application,
It is recommended that you review an estimate of your retirement benefits! ?**


Do you wish to see an estimate of your retirement benefits?

If at any time during the process you wish to cancel the completion of your Retirement Application and/or exit the program, please click the "Home" button. If you wish to review the status of a previously submitted application, please return to the MBOS home page and click the "Retirement Application Status" button. (Please allow 24 hours for system update.)

It is recommended that you review an estimate of your retirement benefits before submitting your retirement application.

If you have not done so, click the "Yes" button to be redirected to the estimate calculator. Please note that clicking "Yes" means you will be exiting the retirement application and will need to access the application again after you have finished with the estimate calculator.

If you have already run a retirement estimate, click the "No" button to begin the application.



MEMBER INFORMATION

Name: MICHAEL JONES Member Number: 03-0012345

Date of Birth: 08/21/1973

Street Address 1: 123 MAIN STREEET Street Address 2: APT 5

City: ANYTOWN State: NJ Zip: 08608

Country: UNITED STATES OF AMERICA

Home/Cell Phone: (609) 555 - 1234 Work Phone: (609) 555 - 9876 Ext: 321

Employer Name: ANYTOWN TOWNSHIP

The Division of Pensions and Benefits does not have proof of your age. To determine what is acceptable proof of age documents, please see [Fact Sheet #6](#).

The following options are available to submit your proof of age evidence to this office:


- Utilize the Online Document Submission via MBOS.
- Mail a copy to:
Division of Pensions and Benefits
Retirement Bureau
P.O. Box 295
Trenton, NJ 08625-0295

Please be sure to indicate your membership number on the document before submitting.

Reset Continue

On the Member Information page, you will need to provide your current mailing address and phone number.

If your information has already been prepopulated in the fields, please check it for accuracy and update it accordingly.



MEMBER INFORMATION

Name: MICHAEL JONES Member Number: 03-0012345

Date of Birth: 08/21/1973

Street Address 1: 123 MAIN STREET Street Address 2: APT 5

City: ANYTOWN TWP State: NJ Zip: 08608

Country: UNITED STATES OF AMERICA

Home/Cell Phone: (609) 555 - 1234 Work Phone: (609) 555 - 9876 Ext: 321

Employer Name: ANYTOWN TOWNSHIP

The Division of Pensions and Benefits does not have proof of your age. To determine what is acceptable proof of age documents, please see [Fact Sheet #6](#).

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P.O. Box 295
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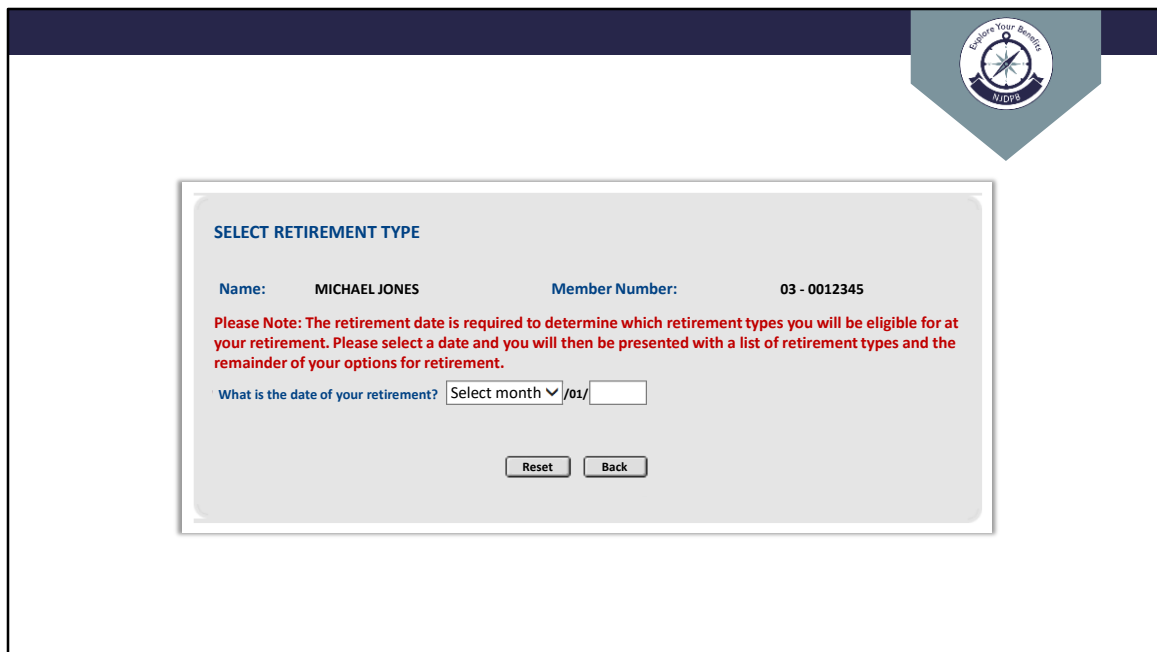
Please be sure to indicate your membership number on the document before submitting.

Reset Continue

To submit your proof of age, utilize the “Online Document Submission” button on MBOS or mail a copy to the address provided.

This message will NOT appear if your proof of age is already on file. You can verify this by viewing your Personal Benefit Statement on MBOS.

When ready, click the “Continue” button.



The screenshot shows a web application interface for retirement selection. At the top right, there is a logo with a compass rose and the text "Explore Your Benefits" and "NJOPB". The main content area is a light gray box with the title "SELECT RETIREMENT TYPE" in blue. Below the title, the user's name "MICHAEL JONES" and member number "03 - 0012345" are displayed. A red "Please Note" message states: "The retirement date is required to determine which retirement types you will be eligible for at your retirement. Please select a date and you will then be presented with a list of retirement types and the remainder of your options for retirement." Below this, a label "What is the date of your retirement?" is followed by a date selection field showing "Select month" with a dropdown arrow, followed by "/01/" and an empty year field. At the bottom of the form are "Reset" and "Back" buttons.

On the next page, the system will ask you to select your retirement date in order to determine what retirement types for which you will be eligible.

Since retirement dates are *always* on the first of the month, you will only need to select the month and the year. While the Division recommends that you submit your retirement application four to six months prior to your retirement date, you may submit it up to one year in advance. If you submit your application closer to your retirement date and do not follow the recommended timeframe, it is possible that your first pension check may be delayed.

SELECT RETIREMENT TYPE

Name: MICHAEL JONES Member Number: 03 - 0012345

Please Note: The retirement date is required to determine which retirement types you will be eligible for at your retirement. Please select a date and you will then be presented with a list of retirement types and the remainder of your options for retirement.

What is the date of your retirement? January /01/2023

Retirement Type: ?

☐ Special ☐ Deferred

☐ Accidental Disability ☐ Ordinary Disability

Have you applied for a purchase of service credit within the past 6 months? ☐ Yes ☐ No

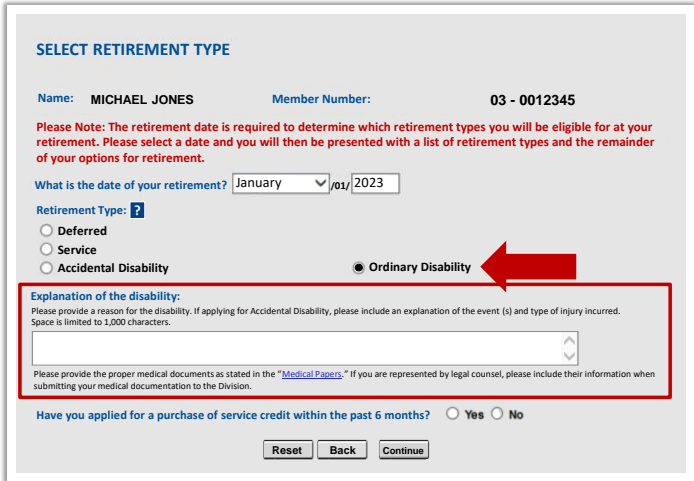
Reset Back Continue

Once you have entered your retirement date, you will then be presented with a list of retirement types for which you may be eligible. If you are unsure of your retirement eligibility, click the question mark icon to be directed to the *Retirement – How to Apply for PFRS Members* fact sheet.

Next, select the appropriate bubble next to your desired retirement type.

Then answer “Yes” or “No” to the following question: “Have you applied for a purchase of service credit within the past 6 months?”

Click the “Continue” button to proceed to the next page.



SELECT RETIREMENT TYPE

Name: MICHAEL JONES Member Number: 03 - 0012345

Please Note: The retirement date is required to determine which retirement types you will be eligible for at your retirement. Please select a date and you will then be presented with a list of retirement types and the remainder of your options for retirement.

What is the date of your retirement? January /01/ 2023

Retirement Type: ?

☐ Deferred
☐ Service
☐ Accidental Disability
☒ Ordinary Disability

Explanation of the disability:
Please provide a reason for the disability. If applying for Accidental Disability, please include an explanation of the event (s) and type of injury incurred. Space is limited to 1,000 characters.

Please provide the proper medical documents as stated in the "Medical Papers." If you are represented by legal counsel, please include their information when submitting your medical documentation to the Division.

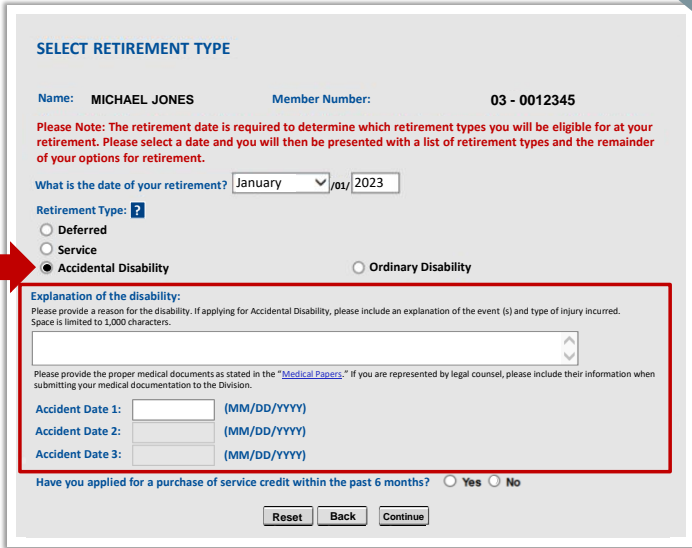
Have you applied for a purchase of service credit within the past 6 months? ☐ Yes ☐ No

Reset Back Continue

If you selected "Ordinary Disability" as your retirement type, you will need to provide an explanation of your disability in the space provided, ensuring you follow the listed instructions.

You will need to provide medical documentation as part of the application process; click the "Medical Papers" hyperlink to print/save a copy of the required forms.

When finished with that section, answer the purchase question as previously as mentioned.



SELECT RETIREMENT TYPE

Name: MICHAEL JONES Member Number: 03 - 0012345

Please Note: The retirement date is required to determine which retirement types you will be eligible for at your retirement. Please select a date and you will then be presented with a list of retirement types and the remainder of your options for retirement.

What is the date of your retirement? January 01/2023

Retirement Type: ?

☐ Deferred
☐ Service
☒ Accidental Disability
☐ Ordinary Disability

Explanation of the disability:
Please provide a reason for the disability. If applying for Accidental Disability, please include an explanation of the event (s) and type of injury incurred. Space is limited to 1,000 characters.

Please provide the proper medical documents as stated in the "Medical Papers." If you are represented by legal counsel, please include their information when submitting your medical documentation to the Division.

Accident Date 1: (MM/DD/YYYY)
Accident Date 2: (MM/DD/YYYY)
Accident Date 3: (MM/DD/YYYY)

Have you applied for a purchase of service credit within the past 6 months? ☐ Yes ☐ No

Reset Back Continue

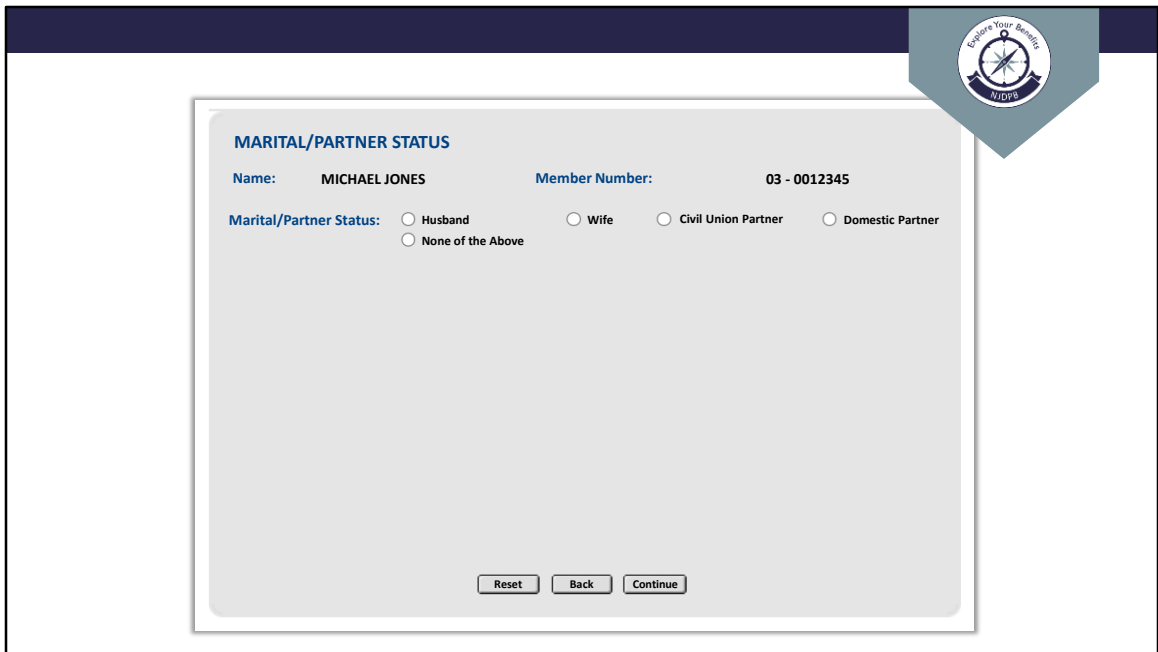
Similarly, if you selected "Accidental Disability" as your retirement type, you will need to provide an explanation of your disability in the space provided, ensuring you follow the listed instructions.

You will also need to provide medical documentation as part of the application process; click the "Medical Papers" hyperlink to print/save a copy of the required forms.

Below that, you will list the date of the accident(s) in the fields provided. If you have more than one accident date, enter the earliest date first and work your way to the most recent.

Again, answer the purchase question as previously as mentioned.

For more information regarding the disability retirements, please see the *Disability Retirement Benefits PFRS* fact sheet available on our website.




The screenshot shows a web application interface for a retirement application. At the top right, there is a logo with a compass rose and the text "Explore Your Benefits" and "NJOPB". The main form is titled "MARITAL/PARTNER STATUS". It displays the user's name as "MICHAEL JONES" and their member number as "03 - 0012345". Below this, there is a section for "Marital/Partner Status" with four radio button options: "Husband", "Wife", "Civil Union Partner", and "Domestic Partner". A fifth option, "None of the Above", is listed below the first four. At the bottom of the form, there are three buttons: "Reset", "Back", and "Continue".

MARITAL/PARTNER STATUS

Name: MICHAEL JONES **Member Number:** 03 - 0012345

Marital/Partner Status: ☐ Husband ☐ Wife ☐ Civil Union Partner ☐ Domestic Partner
☐ None of the Above

Next, you will be prompted to provide your marital/partner status.



MARITAL/PARTNER STATUS

Name: MICHAEL JONES Member Number: 03 - 0012345

Marital/Partner Status: ☐ Husband ☒ Wife ☐ Civil Union Partner ☐ Domestic Partner
☐ None of the Above

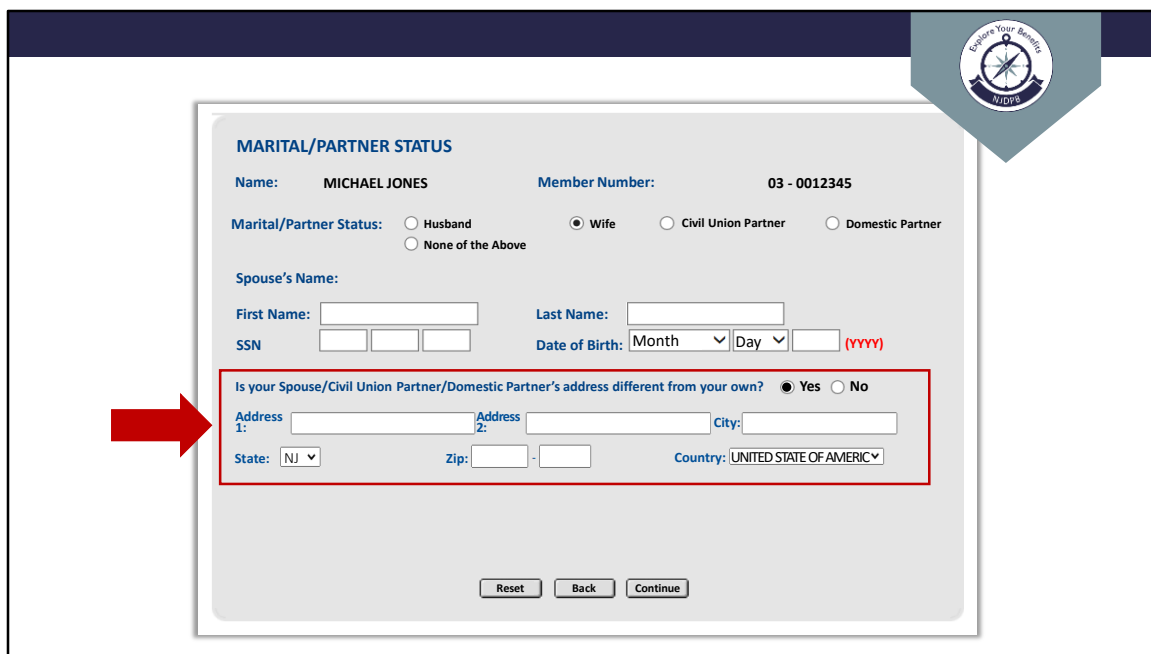
Spouse's Name:

First Name: Last Name:

SSN: Date of Birth: Month Day (YYYY)

Is your Spouse/Civil Union Partner/Domestic Partner's address different from your own? ☐ Yes ☐ No

If you are married or have a legal same-sex partner, provide their legal first and last name, nine-digit Social Security number, and date of birth using the format provided. All fields are required so be sure to gather your spouse/partner's information before completing the application.



MARITAL/PARTNER STATUS

Name: MICHAEL JONES Member Number: 03 - 0012345

Marital/Partner Status: ☐ Husband ☒ Wife ☐ Civil Union Partner ☐ Domestic Partner
☐ None of the Above

Spouse's Name:

First Name: Last Name: SSN: Date of Birth: Month Day (YYYY)


Is your Spouse/Civil Union Partner/Domestic Partner's address different from your own? ☒ Yes ☐ No

Address 1: Address 2: City: State: NJ Zip: Country: UNITED STATE OF AMERICA

Reset Back Continue

Then indicate if their address is different than yours. If you answer “Yes,” fields will appear for you to provide their address.

Once you have completed all the required fields, click the “Continue” button to go to the next page.




DEPENDENT INFORMATION

Name: MICHAEL JONES Member Number: 03 - 0012345

Do you have children under age 18: ☐ Yes ☐ No

On the next page, answer “Yes” or “No” to the question, “Do you have children under age 18?”



DEPENDENT INFORMATION

Name: MICHAEL JONES Member Number: 03 - 0012345

Do you have children under age 18: ☒ Yes ☐ No

Dependent's Information:

First Name: Last Name:

SSN: Date of Birth: Month Day

Address 1: Address 2:

City:


State: NJ Zip: -

Country: UNITED STATES OF AMERICA

If you answer “Yes,” fields will appear so you can provide their legal first and last name, nine-digit Social Security number, date of birth, and address. All fields are required so be sure to gather your spouse/partner’s information before completing the application.

If you have more than one child under the age of 18, click the “Add Another Dependent” button to display a new set of fields.

Once you have identified all of your dependent children, click “Continue” to proceed to the next page.



LIFE INSURANCE BENEFICIARY INFORMATION

Name: MICHAEL JONES **Member Number:** 03 - 0012345

Please [click here](#) for Group Life Insurance Conversion rights.

First Name:

Last Name:

SSN:

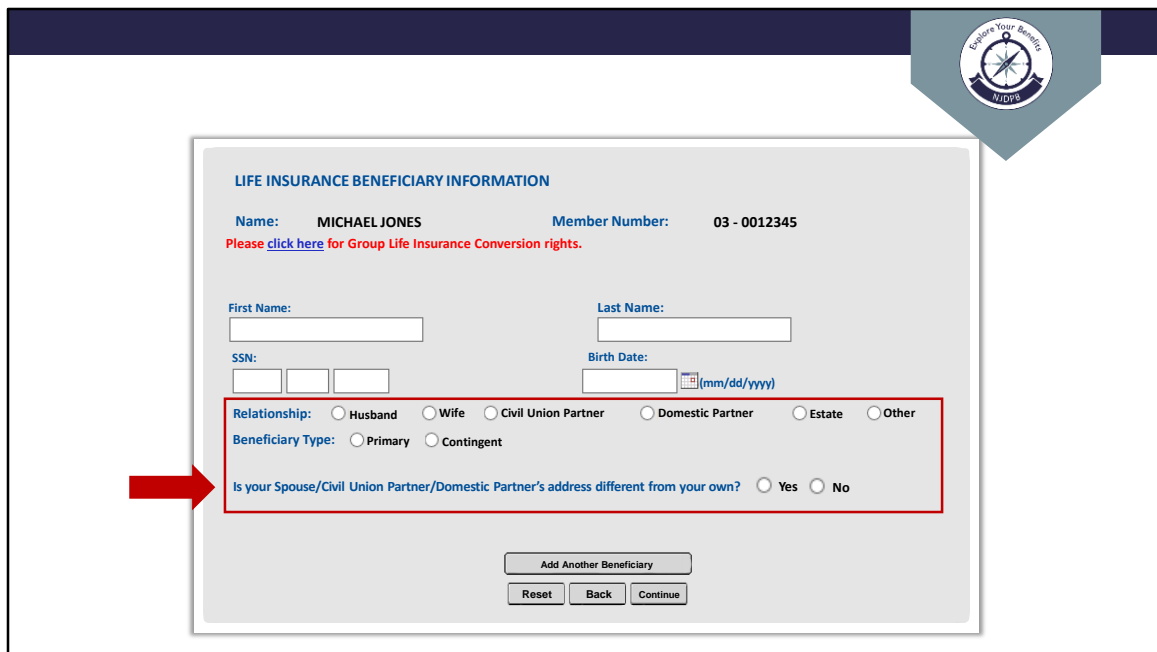
Birth Date: (mm/dd/yyyy)

Relationship: ☐ Husband ☐ Wife ☐ Civil Union Partner ☐ Domestic Partner ☐ Estate ☐ Other

Beneficiary Type: ☐ Primary ☐ Contingent

On this page you will provide your life insurance beneficiaries' information. All fields are required so be sure to gather your beneficiaries' information before completing the application.

If designating an individual(s), provide their legal first and last name, nine-digit Social Security number, and date of birth using the format provided.



LIFE INSURANCE BENEFICIARY INFORMATION

Name: MICHAEL JONES Member Number: 03 - 0012345

Please [click here](#) for Group Life Insurance Conversion rights.

First Name: Last Name:

SSN: Birth Date: (mm/dd/yyyy)


Relationship: ☐ Husband ☐ Wife ☐ Civil Union Partner ☐ Domestic Partner ☐ Estate ☐ Other

Beneficiary Type: ☐ Primary ☐ Contingent

Is your Spouse/Civil Union Partner/Domestic Partner's address different from your own? ☐ Yes ☐ No

Next, indicate the person's relationship to you. If your beneficiary is not your spouse or legal same-sex partner, select "Other."

If your beneficiary is your spouse or legal same-sex partner, you will be asked to indicate if that person's address is different than yours.



LIFE INSURANCE BENEFICIARY INFORMATION

Name: MICHAEL JONES Member Number: 03 - 0012345
Please [click here](#) for Group Life Insurance Conversion rights.

First Name: Last Name:

SSN: Birth Date: (mm/dd/yyyy)

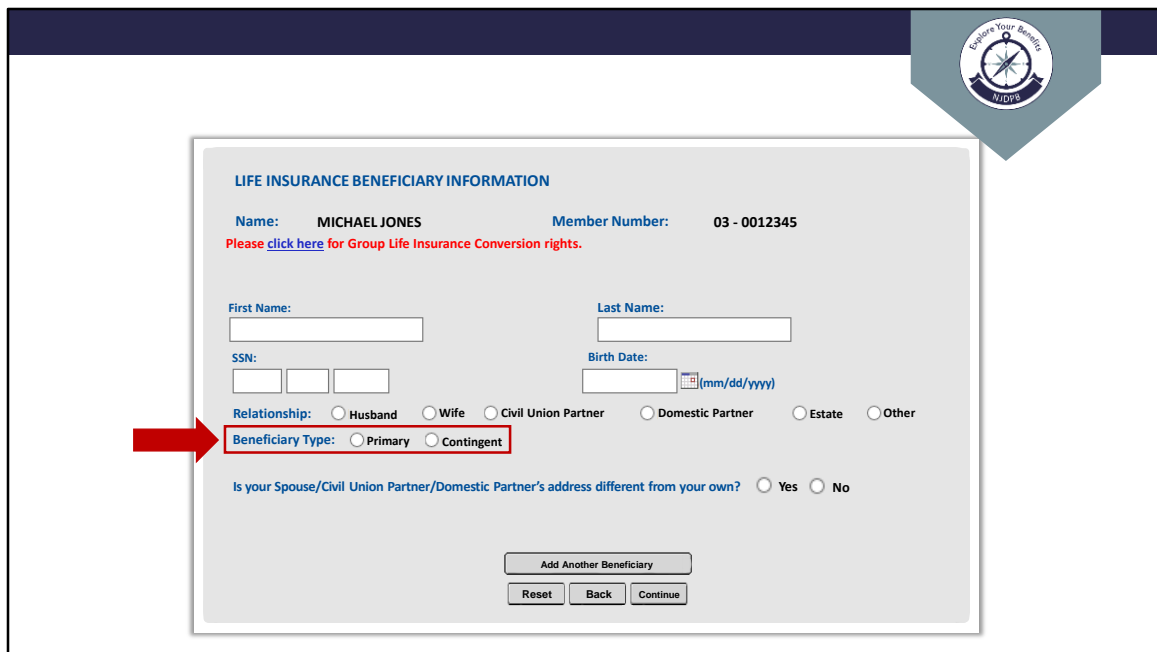
Relationship: ☐ Husband ☐ Wife ☐ Civil Union Partner ☐ Domestic Partner ☐ Estate ☐ Other

Beneficiary Type: ☐ Primary ☐ Contingent

Address 1: Address 2: City:

State: NJ Zip: - Country: UNITED STATES OF AMERICA

If you answer “Yes” to that question, or choose the “Other” relationship type, fields will appear for you to provide your beneficiary’s address.



LIFE INSURANCE BENEFICIARY INFORMATION

Name: MICHAEL JONES Member Number: 03 - 0012345
Please [click here](#) for Group Life Insurance Conversion rights.

First Name: Last Name:

SSN: Birth Date: (mm/dd/yyyy)

Relationship: ☐ Husband ☐ Wife ☐ Civil Union Partner ☐ Domestic Partner ☐ Estate ☐ Other


Beneficiary Type: ☐ Primary ☐ Contingent

Is your Spouse/Civil Union Partner/Domestic Partner's address different from your own? ☐ Yes ☐ No

Then, indicate if this individual will be a primary or a contingent beneficiary. It is recommended that you designate all of your primary beneficiaries first then list your contingent beneficiaries.

Primary beneficiaries will receive any benefits that are payable upon your death and they will receive an equal share unless you indicate a different distribution. To indicate a different distribution, you will need to contact the Division *after* you have submitted your retirement application.

Contingent beneficiaries will receive any benefits that are payable upon your death **ONLY** if all primary beneficiaries predecease you. They will also receive equal shares unless you indicate a different distribution.



LIFE INSURANCE BENEFICIARY INFORMATION

Name: MICHAEL JONES **Member Number:** 03 - 0012345

Please [click here](#) for Group Life Insurance Conversion rights.

First Name **Last Name**

SSN **Birth Date** (mm/dd/yyyy)

Tax ID

Relationship: ☐ Husband ☐ Wife ☐ Civil Union Partner ☐ Domestic Partner ☒ Estate ☐ Other

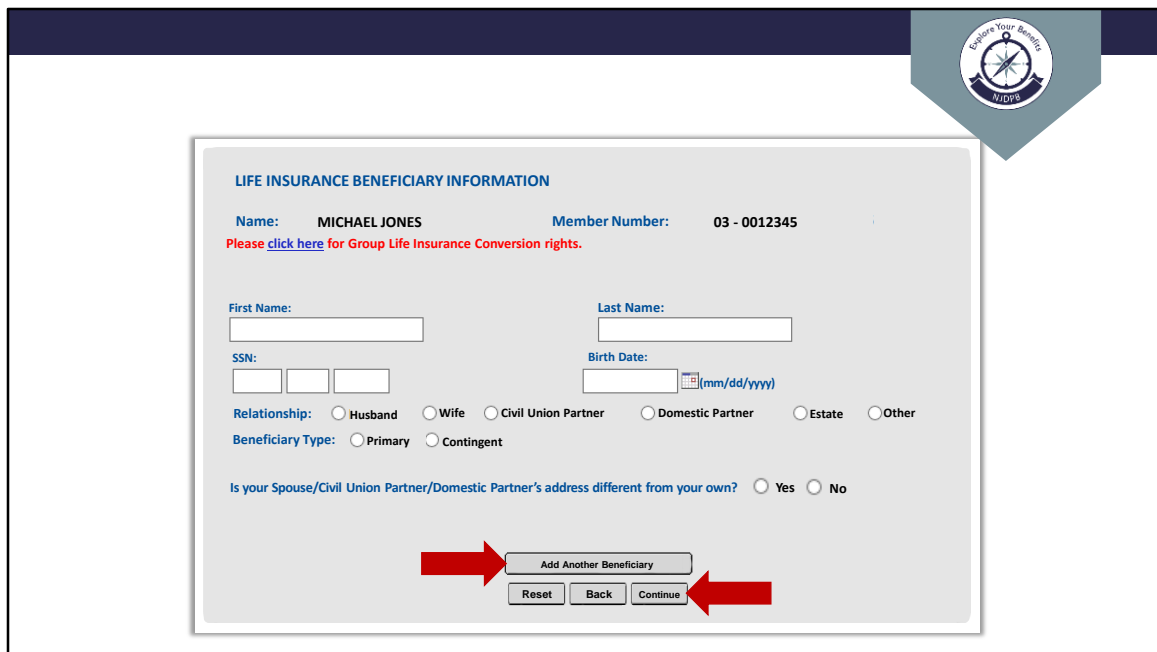
Beneficiary Type: ☐ Primary ☐ Contingent

Address 1: **Address 2:** **City:**

State: NJ **Zip:** - **Country:** UNITED STATE OF AMERICA

If you select “Estate” as your beneficiary, several fields will be grayed out and “YOUR ESTATE” will automatically be written in the first and last name fields. If applicable, enter your estate’s tax ID number in the appropriate field. If you do not have one, leave this field blank.

Then, as previously explained, indicate if this beneficiary will be the primary or contingent.



The screenshot shows a web form titled "LIFE INSURANCE BENEFICIARY INFORMATION". At the top right, there is a logo with a compass and the text "Explore Your Benefits NJOPB". The form displays the member's name as "MICHAEL JONES" and member number as "03 - 0012345". Below this, a red link says "Please click here for Group Life Insurance Conversion rights." The form contains several input fields: "First Name:" and "Last Name:" (both empty), "SSN:" (three empty boxes), and "Birth Date:" (a date picker showing mm/dd/yyyy). There are radio button options for "Relationship:" (Husband, Wife, Civil Union Partner, Domestic Partner, Estate, Other) and "Beneficiary Type:" (Primary, Contingent). A question "Is your Spouse/Civil Union Partner/Domestic Partner's address different from your own?" has "Yes" and "No" radio buttons. At the bottom, there are three buttons: "Add Another Beneficiary", "Reset", and "Continue". Two red arrows point to the "Add Another Beneficiary" and "Continue" buttons.

LIFE INSURANCE BENEFICIARY INFORMATION

Name: MICHAEL JONES Member Number: 03 - 0012345

Please [click here](#) for Group Life Insurance Conversion rights.

First Name: Last Name:

SSN: Birth Date: (mm/dd/yyyy)

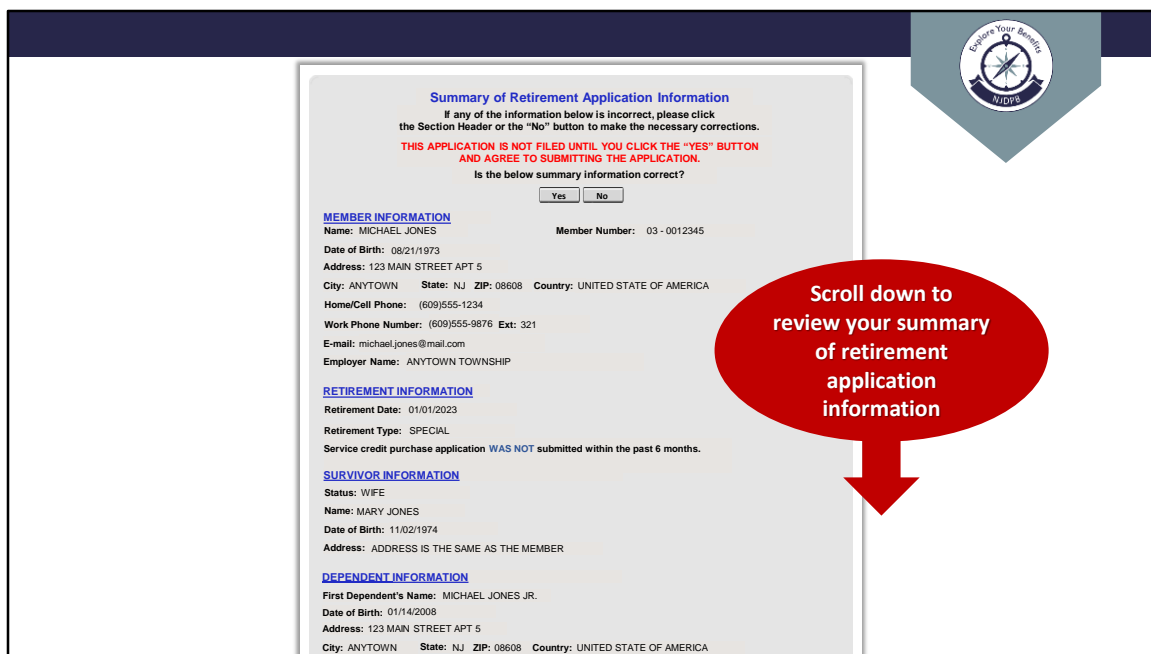
Relationship: ☐ Husband ☐ Wife ☐ Civil Union Partner ☐ Domestic Partner ☐ Estate ☐ Other

Beneficiary Type: ☐ Primary ☐ Contingent

Is your Spouse/Civil Union Partner/Domestic Partner's address different from your own? ☐ Yes ☐ No

If you have more than one life insurance beneficiary, click the “Add Another Beneficiary” button to display a new set of fields.

Once you have designated all of your life insurance beneficiaries, click “Continue” to review your retirement application summary.



Summary of Retirement Application Information
If any of the information below is incorrect, please click the Section Header or the "No" button to make the necessary corrections.
THIS APPLICATION IS NOT FILED UNTIL YOU CLICK THE "YES" BUTTON AND AGREE TO SUBMITTING THE APPLICATION.
Is the below summary information correct?

MEMBER INFORMATION
Name: MICHAEL JONES Member Number: 03 - 0012345
Date of Birth: 08/21/1973
Address: 123 MAIN STREET APT 5
City: ANYTOWN State: NJ ZIP: 08608 Country: UNITED STATE OF AMERICA
Home/Cell Phone: (609)555-1234
Work Phone Number: (609)555-9876 Ext: 321
E-mail: michael.jones@mail.com
Employer Name: ANYTOWN TOWNSHIP


RETIREMENT INFORMATION
Retirement Date: 01/01/2023
Retirement Type: SPECIAL
Service credit purchase application **WAS NOT** submitted within the past 6 months.

SURVIVOR INFORMATION
Status: WIFE
Name: MARY JONES
Date of Birth: 11/02/1974
Address: ADDRESS IS THE SAME AS THE MEMBER

DEPENDENT INFORMATION
First Dependent's Name: MICHAEL JONES JR.
Date of Birth: 01/14/2008
Address: 123 MAIN STREET APT 5
City: ANYTOWN State: NJ ZIP: 08608 Country: UNITED STATE OF AMERICA

Carefully review your retirement application summary.

If you see an error, click the blue section headers to make the necessary corrections.



The image shows a screenshot of the MBOS Retirement Application Summary page. A red arrow points to a red-bordered box at the top of the form area. Inside this box, the text reads: "Summary of Retirement Application Information", "If any of the information below is incorrect, please click the Section Header or the 'No' button to make the necessary corrections.", "THIS APPLICATION IS NOT FILED UNTIL YOU CLICK THE 'YES' BUTTON AND AGREE TO SUBMITTING THE APPLICATION.", and "Is the below summary information correct?". Below this text are two buttons: "Yes" and "No". The form itself is divided into four sections: "MEMBER INFORMATION", "RETIREMENT INFORMATION", "SURVIVOR INFORMATION", and "DEPENDENT INFORMATION". Each section contains personal and contact details for the member and their dependents. In the top right corner of the page, there is a logo for the NJOPB (New Jersey Office of Public Benefit) with the text "Explore Your Benefits" and "NJOPB".

Summary of Retirement Application Information
If any of the information below is incorrect, please click the Section Header or the "No" button to make the necessary corrections.
THIS APPLICATION IS NOT FILED UNTIL YOU CLICK THE "YES" BUTTON AND AGREE TO SUBMITTING THE APPLICATION.
Is the below summary information correct?

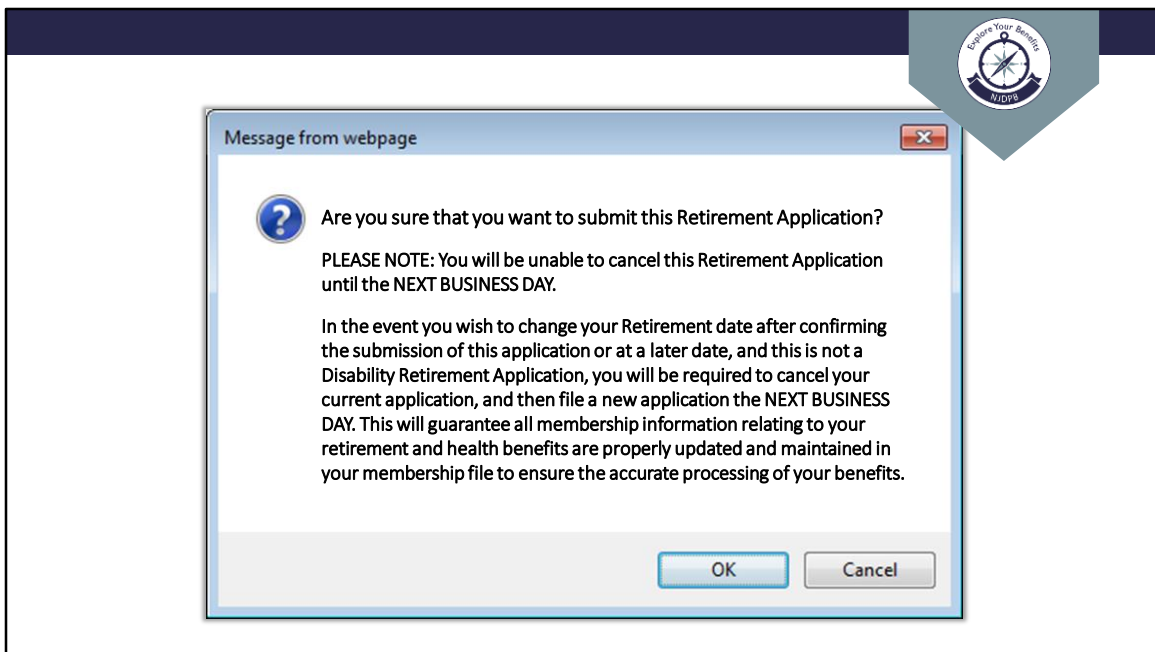
MEMBER INFORMATION
Name: MICHAEL JONES Member Number: 03 - 0012345
Date of Birth: 08/21/1973
Address: 123 MAIN STREET APT 5
City: ANYTOWN State: NJ ZIP: 08608 Country: UNITED STATE OF AMERICA
Home/Cell Phone: (609)555-1234
Work Phone Number: (609)555-9876 Ext: 321
E-mail: michael.jones@mail.com
Employer Name: ANYTOWN TOWNSHIP

RETIREMENT INFORMATION
Retirement Date: 01/01/2023
Retirement Type: SPECIAL
Service credit purchase application **WAS NOT** submitted within the past 6 months.

SURVIVOR INFORMATION
Status: WIFE
Name: MARY JONES
Date of Birth: 11/02/1974
Address: ADDRESS IS THE SAME AS THE MEMBER

DEPENDENT INFORMATION
First Dependent's Name: MICHAEL JONES JR.
Date of Birth: 01/14/2008
Address: 123 MAIN STREET APT 5
City: ANYTOWN State: NJ ZIP: 08608 Country: UNITED STATE OF AMERICA


If the summary information is correct and you wish to submit your retirement application, click the "Yes" button at the top of the page.




You will need to confirm that you wish to submit your retirement application by clicking the “OK” button.

Clicking “Cancel” will close the message box and you will return to the summary page.

To exit the application without submitting, click the “Home” button located at the top of the screen.



 [printable version](#)

Retirement Application


Name: MICHAEL JONES **Member Number:** 03 - 0012345

Your Retirement Application has been submitted successfully.

You will receive an e-mail message containing information about the *Retirement Application* you have just submitted. If you do not receive this email, please contact the MBOS Help Desk, at (609) 292 -7524.

A confirmation message will appear when your retirement application has been submitted successfully.

It is recommended that you keep a copy of your application for your records. Use the printable version link at the top of the page to save or a print a copy of your application.



Summary of Retirement Application Information
If any of the information below is incorrect, please click the Section Header or the "No" button to make the necessary corrections.
THIS APPLICATION IS NOT FILED UNTIL YOU CLICK THE "YES" BUTTON AND AGREE TO SUBMITTING THE APPLICATION.
Is the below summary information correct?

MEMBER INFORMATION
Name: MICHAEL JONES Member Number: 03 - 0012345
Date of Birth: 08/21/1973
Address: 123 MAIN STREET APT 5
City: ANYTOWN State: NJ ZIP: 08608 Country: UNITED STATE OF AMERICA
Home/Cell Phone: (609)555-1234
Work Phone Number: (609)555-9876 Ext: 321
E-mail: michael.jones@mail.com
Employer Name: ANYTOWN TOWNSHIP

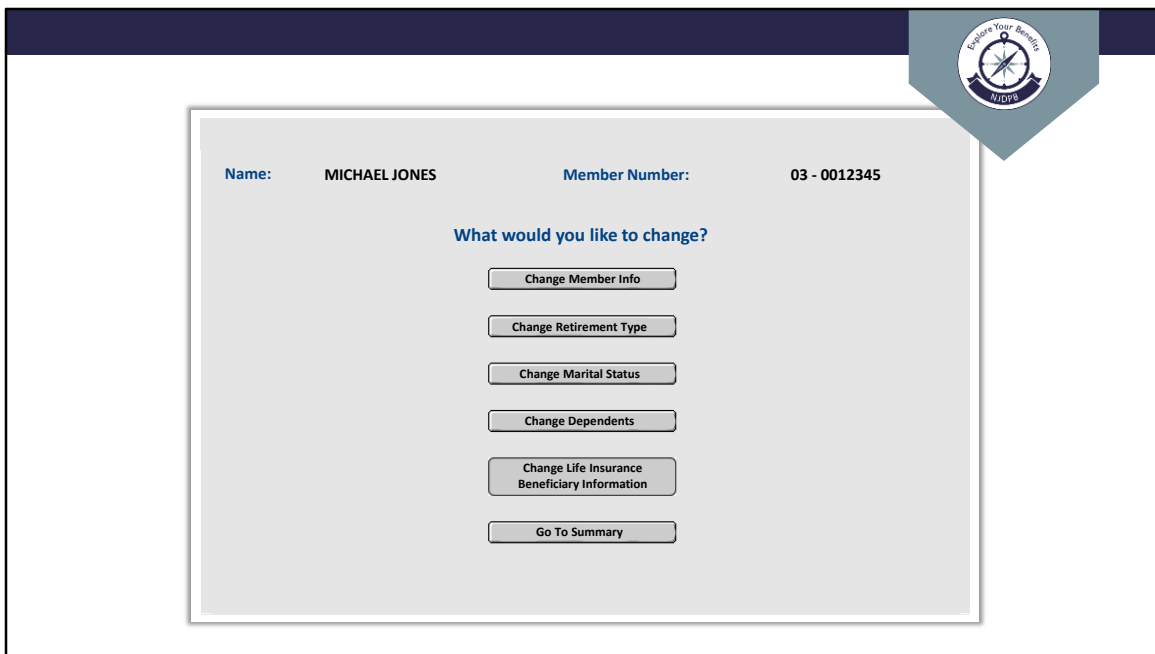
RETIREMENT INFORMATION
Retirement Date: 01/01/2023
Retirement Type: SPECIAL
Service credit purchase application **WAS NOT** submitted within the past 6 months.

SURVIVOR INFORMATION
Status: WIFE
Name: MARY JONES
Date of Birth: 11/02/1974
Address: ADDRESS IS THE SAME AS THE MEMBER

DEPENDENT INFORMATION
First Dependent's Name: MICHAEL JONES JR.
Date of Birth: 01/14/2008
Address: 123 MAIN STREET APT 5
City: ANYTOWN State: NJ ZIP: 08608 Country: UNITED STATE OF AMERICA

If you need to make a change to your application, you can access your retirement application after one business day.

Once you've returned to your retirement application summary, click "No" to make your changes.



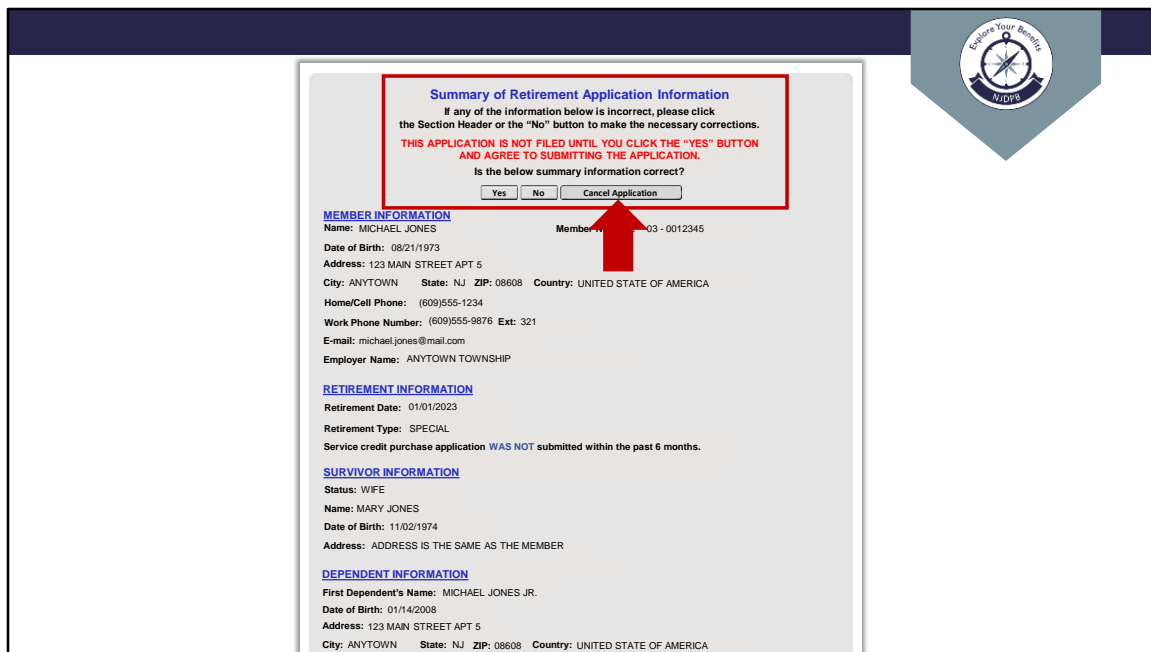
Name: MICHAEL JONES **Member Number:** 03 - 0012345

What would you like to change?

- Change Member Info
- Change Retirement Type
- Change Marital Status
- Change Dependents
- Change Life Insurance Beneficiary Information
- Go To Summary

Click on the appropriate button to make the necessary changes.

Once complete, resubmit your retirement application.



The image shows a screenshot of the MBOS Retirement Application Summary page. At the top right, there is a logo for NJOPB with the text "Explore Your Benefits". The main content area is titled "Summary of Retirement Application Information". Below the title, there is a red-bordered box containing the following text: "If any of the information below is incorrect, please click the Section Header or the 'No' button to make the necessary corrections. THIS APPLICATION IS NOT FILED UNTIL YOU CLICK THE 'YES' BUTTON AND AGREE TO SUBMITTING THE APPLICATION. Is the below summary information correct?". Below this box are three buttons: "Yes", "No", and "Cancel Application". A red arrow points to the "Cancel Application" button. The page is divided into three sections: "MEMBER INFORMATION", "RETIREMENT INFORMATION", and "SURVIVOR INFORMATION". Each section contains personal and contact details for the member and their dependents.

Summary of Retirement Application Information
If any of the information below is incorrect, please click the Section Header or the "No" button to make the necessary corrections.
THIS APPLICATION IS NOT FILED UNTIL YOU CLICK THE "YES" BUTTON AND AGREE TO SUBMITTING THE APPLICATION.
Is the below summary information correct?

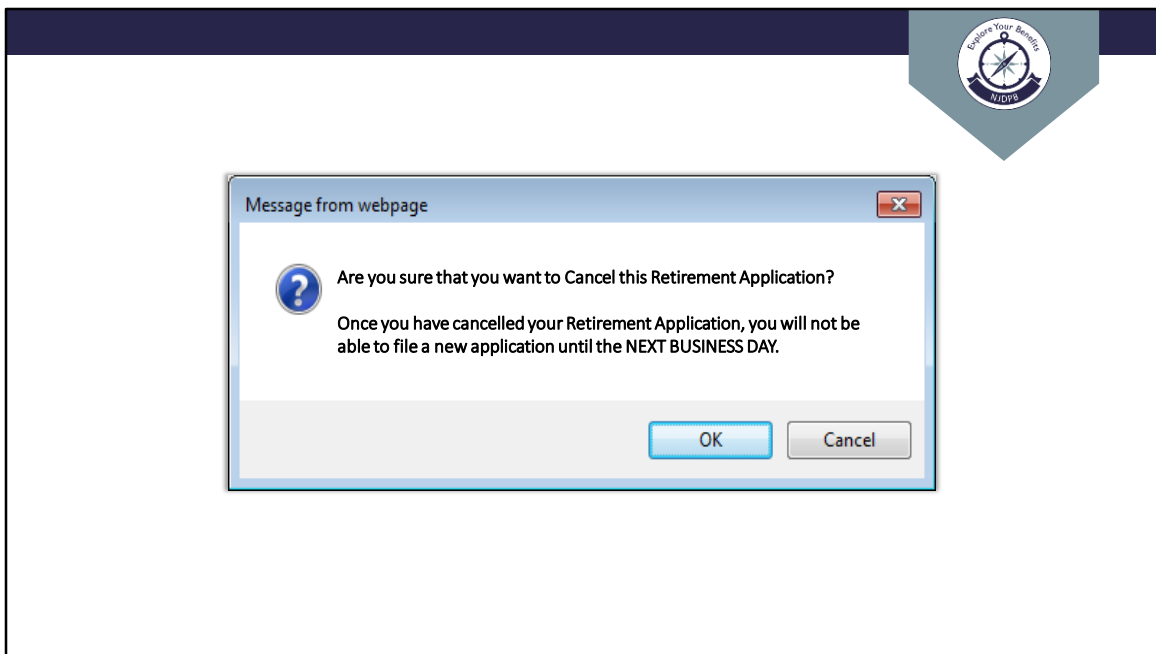
MEMBER INFORMATION
Name: MICHAEL JONES Member ID: 003 - 0012345
Date of Birth: 08/21/1973
Address: 123 MAIN STREET APT 5
City: ANYTOWN State: NJ ZIP: 08608 Country: UNITED STATE OF AMERICA
Home/Cell Phone: (609)555-1234
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E-mail: michael.jones@mail.com
Employer Name: ANYTOWN TOWNSHIP

RETIREMENT INFORMATION
Retirement Date: 01/01/2023
Retirement Type: SPECIAL
Service credit purchase application **WAS NOT** submitted within the past 6 months.

SURVIVOR INFORMATION
Status: WIFE
Name: MARY JONES
Date of Birth: 11/02/1974
Address: ADDRESS IS THE SAME AS THE MEMBER

DEPENDENT INFORMATION
First Dependent's Name: MICHAEL JONES JR.
Date of Birth: 01/14/2008
Address: 123 MAIN STREET APT 5
City: ANYTOWN State: NJ ZIP: 08608 Country: UNITED STATE OF AMERICA

If you would like to cancel your retirement application, click the "Cancel Application" button at the top.



Confirm the cancellation by clicking the "OK" button.

Summary of Retirement Application Information
If any of the information below is incorrect, please click the Section Header or the "No" button to make the necessary corrections.
THIS APPLICATION IS NOT FILED UNTIL YOU CLICK THE "YES" BUTTON AND AGREE TO SUBMITTING THE APPLICATION.
Is the below summary information correct?

MEMBER INFORMATION
Name: MICHAEL JONES Member Number: 03 - 0012345
Date of Birth: 08/21/1973
Address: 123 MAIN STREET APT 5
City: ANYTOWN State: NJ ZIP: 08608
Home/Cell Phone: (609)555-1234
Work Phone Number: (609)555-1234
E-mail: michael.jones@mail.com
Employer Name: ANYTOWN TOWNSHIP

RETIREMENT INFORMATION
Retirement Date: 01/01/2023
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First Dependent's Name: MICHAEL JONES JR.
Date of Birth: 01/14/2008
Address: 123 MAIN STREET APT 5
City: ANYTOWN State: NJ ZIP: 08608 Country: UNITED STATE OF AMERICA

If you wish to change your retirement date, you will need to cancel your current application, wait one business day, then submit a new application. Please note the information previously entered on the old application will not be saved.



Phone: (609) 292-7524

Email: *pensions.nj@treas.nj.gov*

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

For more information about retirement, see our website for the Online Retirement Guide and retirement fact sheets. Both are located on our website: www.nj.gov/treasury/pensions

If you have any questions regarding the retirement process, you can reach out to the Division of Pensions & Benefits by telephone, email, or postal mail.

For additional information about retirement see the Online Guide to Retirement and the following retirement planning fact sheets both available on our website at www.nj.gov/treasury/pensions:

- *Retirement – How to Apply for PFRS Members* fact sheet
- *Retirement Checklist* fact sheet
- *Disability Retirement Benefits for PFRS* fact sheet