



P.O. Box 4396 Allentown, PA 18105-4396 1-800-447-0084 - Fax: 610-770-9342

www.pensionappraisers.com www.qdrodesk.com

## DOMESTIC RELATIONS ORDER CHECKLIST FOR DISTRICT OF COLUMBIA RETIREMENT SYSTEM PLANS

Option #1: Online - Answer questions at www.qdrodesk.com. Upon completion download the Order immediately. Unlimited Support 1-877-770-2270 (Toll Free) Cost - \$299. Pre-approval with the Plan Administrator may be available for an additional \$100 fee after an analyst in the office completes the free 9-point review process.

Option #2: In House - Complete this checklist and mail it with payment to Pension Appraisers. Our staff will prepare the Order and return it within 7-10 business days. Unlimited Support 1-800-447-0084 (Toll Free). Cost - \$495. You may opt in to our Pre-approval process on the last page for an additional \$75 fee.

**Both Options are Supported by Pension Appraisers Staff** 

Firm Name:			
Attorney ID (if applicable):			
Mailing Address:			
City:			
Telephone #:	Fax #:		
E-mail Address:			
If you are one of the Parties of the di (If you are an attorney and have alread	vorce who is rep	resented by an atto	orney please provide your at
Name: Attorney ID (if applicable):			
Firm Name:			
Mailing Address:			
City:			
Telephone #:	Fax #:	<u>-</u>	
E-mail Address:			
Should the attorney's name and/or fi	irm name, addres	s and telephone n	umber appear above the
Legal Caption? Yes No			
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Legal Caption? Yes No		ame	
Legal Caption? Yes No If Yes:	Firm's N		
Legal Caption? Yes No <u>If Yes:</u> Attorney's Name	Firm's N ho do you repres	sent?):	
Legal Caption? Yes No  If Yes:  Attorney's Name  Are you the (or, if attorney, w	Firm's N nho do you repres Defenda	sent?): ant / Respondent	_ Yes No
Legal Caption? Yes No  If Yes:  Attorney's Name  Are you the (or, if attorney, w  Plaintiff / Petitioner	Firm's N nho do you repres Defenda	sent?): ant / Respondent	_ Yes No

	City:	State	<b>.</b>	Zip Code:	
	Telephone #:	Fax #	:		<del></del>
	E-mail Address:				
2.	COURT INFORMATION:				
	Name of Court:				
	State:				
	Division:	Docl	et Number	:	
	Which party is considered the plain				
	PARTNER 1 - The Participant	t: (Employee Spou	se)		
	PARTNER 2 - The Alternate F	Payee: (Non-Emplo	yee Spous	e)	
	In addition to the Judge's, what sign	nature lines should	come at th	ne end of the Ord	er?
	None	A	ttorneys fo	r Both Partners	
	Both Partners Oppo	sing Atty. Name: _			
3.	PARTNER 1 - The Participant: (Emp	loyee Spouse)			
	Name of Participant:				
	Date of Birth:				
	Last Known Mailing Address:				
	City, State, Zip Code:			· · · · · · · · · · · · · · · · · · ·	
	Phone:				
	Social Security Number:	Gend	ler: l	Male	Female
4.	PARTNER 2 - The Alternate Payee: (	(Non-Employee Sp	ouse)		
	Name of Alternate Payee:				
	Date of Birth:				
	Last Known Mailing Address:				
	City, State, Zip Code:				
	Phone:				
	Social Security Number:	Gend	ler: l	Male	Female
5.	MISCELLANEOUS INFORMATION:				
	Should Social Security Numbers ap	pear in the Order?	Yes	s No	
	Marriage Date:				
	Are the Parties Divorced? Ye	:s No <u>l</u>	f Yes: Date	e of Divorce:	·
	Cut-off date for marital property right (Cut-off date used to determine marita	nts: I coverture fraction i	.e. separatio	on date, complaint	date, or divorce date.)
	Exact Plan Name:				
	(The number one reason Orders are or other plan document showing the	rejected is because complete, correc	se the plan I legal nam	name is wrong. F e of the plan.)	Please provide a statement
	Date Participant Joined The Plan: _				
	Is the Participant still employed? $\_$	Yes No	<u>If No</u>	o: Termination D	Oate:
	Is the Participant receiving retireme	nt benefits?	Yes	No If Yes: Retire	ment Date:
6A.	ANSWER THESE QUESTIONS ONLY	/ IF THE PARTICIP	ANT IS RE	TIRED AND RECE	EIVING BENEFITS,

## **OTHERWISE SKIP TO 6B:**

		the Alternate Payee?
		Dollar Amount: \$
		Percent: %
		Option #1: Percent of Total as of the Date of Retirement: The Alternate payee will receive a percentage of the total accrued benefit as of the Date of Retirement. (This option includes any pre-marital and post-marital credited service).
		Option #2: Percent of the Marital Portion as of the Date of Retirement: The Marital Property Component shall be determined by a fraction, the numerator of which is the number of months of credited service the Employee earned during the marriage and the denominator of which is the total number of months of credited service earned through the Date of Retirement.
	II.	Should the Alternate Payee receive a pro-rata share of any Post-retirement Cost of Living Adjustments if offered by the Plan?
		Yes No
	III.	Should the Alternate Payee receive a pro-rata share of any Early Retirement Subsidies?
		Yes (Most defined benefit pension plans have early retirement provisions that allow an employee to retire early with full unreduced benefits if they complete a specific number of years of service. By doing this the company is subsidizing a large portion of the employee's pension by eliminating the actuarial adjustment (the difference in the amount of monthly benefit an employee would receive at normal retirement age verses an early retirement age if there is no subsidy - Example: An employee could receive \$1,000 per month at age 65, but if he/she elects to retire at age 55 he/she would receive \$500 per month for life if they had not completed the required number of years of service to receive the unreduced benefit of \$1,000 per month).
	IV.	Should the Alternate Payee receive a pro-rata share of any early retirement supplements, interim supplements or temporary benefits that become payable to the Participant which are not considered by the Plan Administrator to be a part of the Participant's accrued benefit.?
		Yes No (Most defined benefit pension plans have early retirement incentives that allow certain eligible employee's to retire early with additional supplemental, interim or temporary benefits. Example: If an employee retires at age 55, the plan could pay a supplemental benefit to age 62, at which time the employee would be able to collect Social Security.)
6B.	ANSWER THE	SE QUESTIONS ONLY IF THE PARTICIPANT IS STILL EMPLOYED OR HAS TERMINATED TO BUT IS NOT RECEIVING RETIREMENT BENEFITS, OTHERWISE ANSWER 6A:
	I.	Percent or Dollar Amount of Employee's monthly retirement benefit to be paid by the Plan to the Alternate Payee?
		Dollar Amount: \$
		Percent: %
		Option #1: Percent of Total as of a Specific Date which is The Alternate Payee will receive a percentage of the total accrued benefit as of a Specific Date.
		Option #2: Percent of the Marital Portion as of the Date of Retirement: The Marital Property Component shall be determined by a fraction, the numerator of which is the number of months of credited service the Employee earned during the marriage and the denominator of which is the total number of months of credited service earned through the Date of Retirement.
		Option #3: Percent of the Marital Portion as of the Marriage End Date: The Marital Property Component shall be determined by a fraction, the numerator of which is the number of months of credited service the Employee earned during the marriage and the denominator of which is the total number of months of credited service earned through the Marriage End Date.
		Option #4: Percent of the Marital Portion as of a  Specific Date which is Component shall be determined by a fraction, the numerator of which is the number of months of credited service the earned from the Date of Marriage to a Specific Date and the denominator is the total number of months of credited service earned through the Specific Date.
		Option #5: Percent of Total as of Marriage End Date: The Alternate Payee will receive a percentage of the total accrued benefit as of the Date Marriage Ended. (This option includes any pre-marital credited service)
	II.	Should the Alternate Payee receive a pro-rata share of any Post-retirement Cost of Living Adjustments if offered by the Plan?
		Yes No
	III.	Should the Alternate Payee receive a pro-rata share of any Early Retirement Subsidies?
		Yes No (Most defined benefit pension plans have early retirement provisions that allow an employee to retire early with full

Percent or Dollar Amount of Employee's monthly retirement benefit to be paid by the Plan to

unreduced benefits if they complete a specific number of years of service. By doing this the company is subsidizing a large portion of the employee's pension by eliminating the actuarial adjustment (the difference in the amount of monthly benefit an employee would receive at normal retirement age verses an early retirement age if there is no subsidy - Example: An employee could receive \$1,000 per month at age 65, but if he/she elects to retire at age 55 he/she would receive \$500 per month for life if they had not completed the required number of years of service to receive the unreduced benefit of \$1,000 per month).

Ves		IV.	interim supp not consider (This question	olements or the Plant is N/A if the N/A if t	lan Administrate the Participant h	or to be a part of as terminated	e payable to the Par of the Participant's a employment)	ccrued benefit?
event the Participant dies prior to reaching retirement?  Yes If Yes: The Alternate Payee shall be designated as the beneficiary any and all death benefits payable by the plan.  OR: The Alternate Payee shall be designated as the beneficiary death benefits payable to the extent of the marital property death benefits payable to the extent of the marital property death benefits payable to the extent of the marital property of the participant of the Participant prior to commencement of benefits, the Alternate Payee's portion of the Participant's benefit shall:  Revert to the Participant. OR Be paid to the Alternate Payee's estate. (Some Plans do not allow this under their guideline)  VI. Should the Participant be required to elect a specific retirement option and designate the Alternate Payee as the beneficiary in order to ensure payment of benefits to the Alternate Payee for his/her lifetime?  Yes If yes: Name of Benefit Option: Description: Description: No  For an additional fee of \$75.00: Should we submit the Order to the Plan Administrator for pre-approval? Yes No If Yes; In order for us to obtain pre-approval you MUST provide the following: Administrator's Name: Address: City: State: Zip Code: Telephone #: Fax #: Payment can be made by Check, Money Order or Credit Card.  Credit Card: MC			Yes (Most defined be additional supple supplemental be	No enefit pension pla emental, interim enefit to age 62,	ans have early retirer or temporary benefits at which time the em	ment incentives that s. Example: If an el ployee would be abl	allow certain eligible emplo nployee retires at age 55, t e to collect Social Security.	oyee's to retire early vine plan could pay a
any and all death benefits payable by the plan.  OR: The Alternate Payee shall be designated as the beneficiary death benefits payable to the extent of the marital property component.  No  If the Alternate Payee predeceases the Participant prior to commencement of benefits, the Alternate Payee's portion of the Participant's benefit shall:  Revert to the Participant. OR Be paid to the Alternate Payee's estate. (Some Plans do not allow this under their guideline)  VI. Should the Participant be required to elect a specific retirement option and designate the Alternate Payee as the beneficiary in order to ensure payment of benefits to the Alternate Payee for his/her lifetime?  Yes If yes: Name of Benefit Option: Description: No  For an additional fee of \$75.00: Should we submit the Order to the Plan Administrator for pre-approval?  Yes No		V.	Should the A event the Pa	Alternate Pay	yee designated es prior to reach	as a beneficiar ing retirement?	y for any death bene	efits payable in t
death benefits pâyable to the extent of the marital properfy component.    No   If the Alternate Payee's portion of the Participant prior to commencement of benefits, the Alternate Payee's portion of the Participant's benefit shall:    Revert to the Participant. OR			Yes	If Yes: _	The Alter any and	nate Payee sha all death benef	II be designated as its payable by the pl	the beneficiary an.
Revert to the Participant. OR Be paid to the Alternate Payee's estate. (Some Plans do not allow this under their guideline)  VI. Should the Participant be required to elect a specific retirement option and designate the Alternate Payee as the beneficiary in order to ensure payment of benefits to the Alternate Payee for his/her lifetime?  Yes			No	OR: _	death be	nefits payable i	all be designated as to the extent of the r	the beneficiary narital property
VI. Should the Participant be required to elect a specific retirement option and designate the Alternate Payee as the beneficiary in order to ensure payment of benefits to the Alternate Payee for his/her lifetime?			If the Alterna Alternate Pa	ate Payee pr yee's portio	edeceases the l	Participant prio ant's benefit sl	r to commencement nall:	of benefits, the
Alternate Payee as the beneficiary in order to ensure payment of benefits to the Alternate Payee for his/her lifetime?  Yes			Reve	ert to the Pa	rticipant. OR _	Be paid t (Some Plan	o the Alternate Payers do not allow this under the	ee's estate. eir guideline)
Description: No  For an additional fee of \$75.00: Should we submit the Order to the Plan Administrator for pre-approval? YesNo		VI.	Alternate Par	vee as the b	eneficiary in or	ect a specific re der to ensure p	etirement option and ayment of benefits t	I designate the o the Alternate
For an additional fee of \$75.00: Should we submit the Order to the Plan Administrator for pre-approval?  Yes No If Yes: In order for us to obtain pre-approval you MUST provide the following:  Administrator's Name: Address: City: State: Zip Code: Telephone #: Fax #:  Payment can be made by Check, Money Order or Credit Card.  Credit Card: MC Visa Amex Discover  Credit Card #: CVV: Name as it appears on the credit card:			Vaa	16 NI				
For an additional fee of \$75.00: Should we submit the Order to the Plan Administrator for pre-approval?			Yes	it yes: Na	ame of Benefit C	)ption:	<del></del>	
YesNo			Yes	_		_		
Address:				_		_		
Address: State: Zip Code:  Telephone #: Fax #:  Payment can be made by Check, Money Order or Credit Card.  Credit Card: MC Visa Amex Discover  Credit Card #: / CVV:  Expiration Date: / CVV:  Name as it appears on the credit card:  Billing address of the credit card:  Checks and Money Orders should be made payable to Pension Appraisars. Inc.	Fo	or an additio	No	Descripti	ion:			pre-approval?
City: State: Zip Code:  Telephone #: Fax #:  Payment can be made by Check, Money Order or Credit Card.  Credit Card: MC Visa Amex Discover  Credit Card #: / CVV:  Expiration Date: / CVV:  Name as it appears on the credit card: Silling address of the credit card:			No nal fee of \$75.	Descripti	ion: we submit the 0	Order to the Pla	n Administrator for	
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