



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 KENTUCKY STATE 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

## 1. **REQUESTOR INFORMATION:**

| Name:   |  |  |   |
|---|--|--|---|
| Firm Name:  |  |  | (if you are an attorney)                            |
| Attorney ID (if applicable):  |  |  | (if you are an attorney)                            |
| Mailing Address:  |  |  | _   |
| City:   | State:                                       | Zip Code:                                    |   |
| Telephone #:  | Fax #:                                       |  |   |
| E-mail Address:   |  |  |   |
| If you are one of the Parties of the di<br>(If you are an attorney and have already | <b>vorce who is rep</b><br>y completed the s | presented by an atto<br>section above please | rney please provide your attorney's:<br>disregard.) |
| Name:   |  |  |   |
| Attorney ID (if applicable):  |  |  |   |
| Firm Name:  |  |  |   |
| Mailing Address:  |  |  | _   |
| City:   | State:                                       | Zip Code:                                    |   |
| Telephone #:  | Fax #:                                       |  |   |
| E-mail Address:   |  |  |   |
| Should the attorney's name and/or fi  | rm name, addres                              | ss and telephone nu                          | mber appear above the                               |
| Legal Caption? Yes No   |  |  |   |
| lf Yes:   |  |  |   |
| Attorney's Name   | Firm's N                                     | Name   |   |
| Are you the (or, if attorney, w   | ho do you repre                              | sent?):                                      |   |
| Plaintiff / Petitioner  | Defend                                       | ant / Respondent                             |   |
| Should we send a copy of the  | e Order to oppos                             | sing counsel?                                | _ Yes No  |
| lf Yes:   |  |  |   |
| Opposing Counsel's Name: _  |  |  |   |
| Firm Name:  |  |  |   |
| Mailing Address:  |  |  |   |

|    | City:  | State:                            | Zip Code:   |
|----|--|-----------------------------------|---|
|    | Telephone #:   | Fax #:                            |   |
|    | E-mail Address:  |                                   |   |
| 2. | COURT INFORMATION:   |                                   |   |
|    | Name of Court:   |                                   |   |
|    | State: 0   | County:                           |   |
|    | Division:  | Docket Nur                        | mber:   |
|    | Which party is considered the plaintiff/petition   | ner?                              |   |
|    | PARTNER 1 - The Participant: (Employ   | ee Spouse)                        |   |
|    | PARTNER 2 - The Alternate Payee: (No   | n-Employee Sp                     | pouse)  |
|    | In addition to the Judge's, what signature line  | s should come                     | e at the end of the Order?                                      |
|    | None   | Attorne                           | ys for Both Partners  |
|    | Both Partners Opposing Atty.   | Name:                             |   |
| 3. | PARTNER 1 - The Participant: (Employee Spo   | use)                              |   |
|    | Name of Participant:   |                                   |   |
|    | Date of Birth:   |                                   |   |
|    | Last Known Mailing Address:  |                                   |   |
|    | City, State, Zip Code:   |                                   |   |
|    | Phone:   |                                   |   |
|    | Social Security Number:  | Gender:                           | Male Female   |
| 4. | PARTNER 2 - The Alternate Payee: (Non-Emp  | loyee Spouse)                     |   |
|    | Name of Alternate Payee:   |                                   |   |
|    | Date of Birth:   |                                   |   |
|    | Last Known Mailing Address:  |                                   |   |
|    | City, State, Zip Code:   |                                   |   |
|    | Phone:   |                                   |   |
|    | Social Security Number:  | Gender:                           | Male Female   |
| 5. | MISCELLANEOUS INFORMATION:   |                                   |   |
|    | Should Social Security Numbers appear in the   | e Order?                          | _ Yes No  |
|    | Marriage Date:   |                                   |   |
|    | Are the Parties Divorced? Yes N  | o <u>If Yes:</u>                  | Date of Divorce:  |
|    | Cut-off date for marital property rights:<br>(Cut-off date used to determine marital coverture | fraction i.e. sep                 | aration date, complaint date, or divorce date.)                 |
|    | Plan Name to which this Order applies:   |                                   |   |
|    | Kentucky Retirement Systems  |                                   |   |
|    | Kentucky Teachers Retirement System  | 1                                 |   |
|    | Other - Exact Plan Name:   |                                   |   |
|    | (The number one reason Orders are rejected i<br>or other plan document showing the complete    | s because the<br>e, correct legal | plan name is wrong. Please provide a stateme name of the plan.) |

Date Participant Joined The Plan: \_\_\_\_\_

| Is the Participant still employed? | Yes | No | <u>lf No:</u> | Termination Date: |  |
|------------------------------------|-----|----|---------------|-------------------|--|
|------------------------------------|-----|----|---------------|-------------------|--|

Is the Participant receiving retirement benefits? Yes No <u>If Yes:</u> Retirement Date:

- ANSWER THESE QUESTIONS ONLY IF THE PARTICIPANT IS RETIRED AND RECEIVING BENEFITS, 6A. OTHERWISE SKIP TO 6B:
  - Percent or Dollar Amount of Employee's monthly retirement benefit to be paid by the Plan to the Alternate Payee?

Dollar Amount: \$

Percent: %

I.

- **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.
- Should the Alternate Payee receive a pro-rata share of any Post-retirement Cost of Living Adjustments if offered by the Plan? II.

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 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).

## 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.? IV.

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.)

## ANSWER THESE QUESTIONS ONLY IF THE PARTICIPANT IS STILL EMPLOYED OR HAS TERMINATED EMPLOYMENT BUT IS NOT RECEIVING RETIREMENT BENEFITS, OTHERWISE ANSWER 6A: 6B.

Percent or Dollar Amount of Employee's monthly retirement benefit to be paid by the Plan to the Alternate Payee? I.

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 #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?

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| Paye<br><br>or an additional fe<br>Yes No<br>Administrat<br>Address:<br>City:  | ee for his<br>Yes   | s/her lifetim<br>If yes: N  | ne?<br>lame of Bene   | fit Optior   |   |  | n and designate the<br>efits to the Alternate   |
| or an additional fe<br>Yes No<br>Administrat<br>Address:<br>City:  |   |   |   |  | n•  |  |   |
| Yes No<br>Administrat<br>Address:<br>City:   | No  | Descript  | tion  |  | · · ·   |  |   |
| Yes No<br>Administrat<br>Address:<br>City:   |   |   |   |  |   |  |   |
| Yes No<br>Administrat<br>Address:<br>City:   | e of \$75.0   | .00: Should   | l we submit t   | he Order   | to the Pla  | an Administrato  | r for pre-approval?   |
| Administrat<br>Address:<br>City:   |   |   |   |  |   |  |   |
| Address:<br>City:  |   |   |   |  |   | p  | -   |
| City:  |   |   |   |  |   |  |   |
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| ayment can be ma   | ade by Ch   | heck, Mone  | ey Order or C   | redit Car  | d.  |  |   |
| Credit Card  | :   | МС  | Visa  |  | Amex  | Discover   |   |
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| ame as it appears (  |   | •   |   |  |   |  |   |
| illing address of the  | on the cre  |   |   |  |   |  |   |
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| hecks and Money (<br>L <b>EASE NOTE</b> : Rec<br>AX THIS REQUES  |   |   |   |  |   |  |   |

MAIL THIS REQUEST FORM TO: Pension Appraisers, Inc., P.O. Box 4396, Allentown, PA 18105 Any questions regarding this Request Form or fees, please call us toll free at 1-800-447-0084.

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