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www.pensionappraisers.com www.qdrodesk.com

QUALIFIED DOMESTIC RELATIONS ORDER CHECKLIST FOR PRIVATE (ERISA) CASH BALANCE DEFINED BENEFIT 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.

As a reminder, we are always available to help you. We are fortunate to have a team of Pension Analysts and QDRO Specialists that enjoy what they do and are happy to answer your questions. We provide all support free of charge, so please do not hesitate to contact us.

REQUESTOR INFORMATION: Name: _____ (if you are an attorney) Firm Name: _____ 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 divorce who is represented by an attorney please provide your attorney's: (If you are an attorney and have already completed the section above please disregard.) Attorney ID (if applicable): Firm Name: Mailing Address: _____ _____ State: _____ Zip Code: _____ City: Telephone #: _____ Fax #: ____ E-mail Address: Should the attorney's name and/or firm name, address and telephone number appear above the Legal Caption? ____ Yes ____ No If Yes: Firm's Name Attorney's Name Are you the (or, if attorney, who do you represent?): Plaintiff / Petitioner _____ Defendant / Respondent Should we send a copy of the Order to opposing counsel? Yes No If 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:	County:						
	Division:	Docket Nun	nber:					
	Which party is considered the plaintiff/petitioner?							
	PARTNER 1 - The Participant (Employee Spouse)							
	PARTNER 2 - The Alternate P	PARTNER 2 - The Alternate Payee (Non-Employee Spouse)						
	In addition to the Judge's, what sign	ature lines should come	at the end of the	Order?				
	None	Attorney	s for Both Partn	ers				
	Both Partners	Opposing Atty.	Name:					
3.	PARTNER 1 - The Participant: (Empl	oyee Spouse)						
	Name of Participant:							
	Date of Birth:							
	Last Known Mailing Address:							
	City, State, Zip Code:							
	Phone #:							
	Social Security Number:			Female				
4.	PARTNER 2 - The Alternate Payee: (Non-Employee 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 Order? Yes No							
	Marriage Date:							
	Are the Parties Divorced? Ye	s No <u>If Yes:</u>	Date of Divorce:	- 				
	Cut-off date for marital property rights: (Cut-off date used to determine marital coverture fraction i.e. separation date, complaint date, or divorce date.)							
	Exact Plan Name:							
	(The number one reason Orders are rejected is because the plan name is wrong. Please provide a statement or other plan document showing the complete, correct legal name of the plan.)							
	Date Participant Joined The Plan:							
	Is the Participant still employed?	Yes No	If No: Terminat	ion Date:				
	Is the Participant receiving retirement	nt benefits? Yes	No <u>If Yes</u> : F	Retirement Date:				

6. FOR A CASH BALANCE DEFINED BENEFIT PLAN:

A Cash Balance plan is a defined benefit plan that defines the benefit in terms that are more characteristic of a defined contribution plan. In other words, a cash balance plan defines the promised benefit in terms of a stated account balance. In a typical cash balance plan, a "formula" is used to determine an employee's benefit. A participant's account is credited each year with a pay credit (such as 5 percent of compensation from his or her employer) and an interest credit (either a fixed rate or a variable rate that is linked to an index such as the one-year Treasury bill rate). Increases and decreases in the value of the plan's investments do not directly affect the benefit amounts promised to participants. Thus, the investment risks and rewards on plan assets are borne solely by the employer.

	es No If Yes: Conversion Date:					
If Yes ar						
i	The Participant was employed and the parties were married prior to the Conversion Da and the Participant is still employed or has terminated but is not receiving retirement benefits.					
•	What share of the Opening Account Balance shall be awarded to the Alternate Payee?					
-	Option #1: Percent: %					
-	Option #2: Dollar Amount: \$					
-	Option #3: Percent: % Plus a Dollar Amount of: \$					
-	Option #4: Percent: % Less a Dollar Amount of: \$					
-	Option #5: Percent: % After a Dollar Amount of: \$ is Deducted					
-	Option #6: Percent: % of the Marital Portion					
Ì	What share of the Contributions and Interest Credits since the Cash Balance Establish Date shall be awarded to the Alternate Payee?					
-	Option #1: Percent: % As of the Date Marriage Ended					
	Option #2: Percent: % As of a Specific Date which is					
-	Option #3: Dollar Amount: \$					
İ	f the Alternate Payee predeceases the Participant prior to commencement of benefits, Alternate Payee's portion of the Participant's benefit shall:					
-	Revert to the Participant.					
-	Be paid to the Alternate Payee's estate. (Some Plans do not allow this under their guideline)					
	The Participant was employed and the parties were married prior to the Conversion Date and the Participant is retired and receiving benefits.					
1	Percent or Dollar Amount of Employee's monthly retirement benefit to be paid by the Pla the Alternate Payee?					
-	Option #1: Percent: % of the Total Monthly Benefit being received.					
-	Option #2: Dollar Amount per Month: \$					
ļ	f the Alternate Payee predeceases the Participant prior to commencement of benefits, 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)					
If No and	<u>!</u> :					
	The Participant is still employed or has terminated but is not receiving retirement benefit					
Ĭ	Vhat portion of Participant's Total Account Balance shall be awarded to the Alternate Payee?					
-	Option #1: Percent: %					
-	Option #2: Dollar Amount: \$					
-	Option #3: Percent: % Plus a Dollar Amount of: \$					
	Option #4: Percent: % Less a Dollar Amount of: \$					

		Option i				To Doducted		
		Option i	#6: Percent:	% of the M	Dollar Amount of: arital Portion	is Deducted		
	TI ba	nese percenta alance as of w	ges and/or dolla hat date?	r amounts sha	III be applied to Pa	rticipants total account		
	_	As of the Date Marriage Ended (we will use the date from question #5) As of a Specific Date which is: If the Alternate Payee predeceases the Participant prior to commencement of benefits, the Alternate Payee's portion of the Participant's benefit shall:						
	lf A							
Revert to the Participant.								
	_	Be paid (Some Pla	to the Alternate ans do not allow this un	Payee's estate nder their guideline	9.)			
	T	ne Participant	is retired and re	ceiving retiren	nent benefits.			
	Po th	ercent or Dolla e Alternate Pa	ar Amount of Emayee?	ployee's mont	thly retirement ben	nefit to be paid by the Plan t		
		Option	#1: Percent:	% of the To	otal Monthly Benef	fit being received.		
		Option i	#2: Percent:	% of the M	arital Portion.			
		Option i	#3: Dollar Amou	int per Month:	\$			
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PLEASE NOTE: Hequests made with personal checks will be held for two weeks to ensure that the FAX THIS REQUEST FORM TO: 610-770-9342 (only if paying by credit card)
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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