



PENSION APPRAISERS INC.[®]

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QUALIFIED DOMESTIC RELATIONS ORDER CHECKLIST FOR PRIVATE (ERISA) DEFINED CONTRIBUTION PLANS

Option #1: Online - Complete this checklist online at www.qdrodesk.com. Upon completing checklist download the Order immediately. Unlimited Support 1-877-770-2270 (Toll Free) Cost - \$299

Option #2: In House - Mail this checklist 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. Cost - \$495

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 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.)

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 firm name, address and telephone number appear above the

Legal Caption? Yes No

If Yes:

Attorney's Name Firm'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 Number: _____

Which party is considered the plaintiff/petitioner? _____ Husband _____ Wife

In addition to the Judge's, what signature lines should come at the end of the Order?

_____ None _____ Attorneys for Husband and Wife

_____ Both Husband and Wife Opposing Atty. Name: _____

3. PARTICIPANT: (Employee Spouse)

Name of Participant: _____

Date of Birth: _____

Last Known Mailing Address: _____

City, State, Zip Code: _____

Social Security Number: _____

4. ALTERNATE PAYEE: (Non-Employee Spouse)

Name of Alternate Payee: _____

Date of Birth: _____

Last Known Mailing Address: _____

City, State, Zip Code: _____

Social Security Number: _____

5. MISCELLANEOUS INFORMATION:

Should Social Security Numbers appear in the Order? _____ Yes _____ No

Marriage Date: _____

Are the Parties Divorced? _____ Yes _____ No If Yes: 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.)

Did the employee begin participating in the plan prior to the Marriage Date? _____ Yes _____ No

Is the Participant still employed? _____ Yes _____ No If No: Termination Date: _____

Is the Participant receiving retirement benefits? _____ Yes _____ No If Yes: Retirement Date: _____

If the Plan Administrator charges a one time determination fee for review of the QDRO, who should be responsible for paying the fee? (The fee will be taken from the investment options in the applicable account(s) according to the plan level fee method in effect as of the date the fee is deducted.)

_____ Participant _____ Split equally between the Participant and the Alternate Payee.
_____ Alternate Payee

For an additional fee of \$50.00: 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 #: _____

6. Percent or Dollar Amount of Participant's benefits to be paid by the Plan to the Alternate Payee?

_____ Option #1: Percent: _____ %

_____ Option #2: Percent: _____ % Plus a Dollar Amount of: \$ _____

_____ Option #3: Percent: _____ % Less a Dollar Amount of: \$ _____

_____ Option #4: Percent: _____ % After a Dollar Amount of: \$ _____ is deducted

This Percent shall be applied to Participant's Total Account Balance as of what date or between what dates? (Not all plans will calculate a percentage between two dates or add or subtract from a percent amount)

_____ Option #1: As of the Date Marriage Ended. (we will use the date from question #5)

_____ Option #2: From the Date of Marriage to Date Marriage Ended.

_____ Option #3: As of the date the Order is approved as a QDRO by the Plan Administrator.

_____ Option #4: As of a Specific Date which is: _____

_____ Option #5: As of the Date of Segregation (Date the award is segregated from Participant's account)

_____ Option #5: Dollar Amount: \$ _____

This dollar amount shall be applied to Participant's Total Account Balance as of what date?

_____ Option #1: As of the Date Marriage Ended. (we will use the date from question #5)

_____ Option #2: As of the date the Order is approved as a QDRO by the Plan Administrator.

_____ Option #3: As of a Specific Date which is: _____

7. Should the Alternate Payee receive gains/losses on his/her share of the benefits from the Date of Division to the Date of Segregation? (Establishment of a separate account for Alternate Payee)

NOT ALL PLANS WILL CALCULATE GAINS OR LOSSES

_____ Yes _____ No

8. In the event the Participant has an outstanding loan balance as of the Date of Division, should the loan balance be "Excluded" or "Included" in determining the Alternate Payee's assigned share of the benefits?

_____ Excluded: Example - If the Participant's total account balance is \$10,000 and \$2,000 of that represents an outstanding Plan Loan, and the Alternate Payee is assigned 50% of such total account balance, then the Alternate Payee's assigned share of the benefits shall be \$4,000. In this example the Alternate Payee is sharing in the repayment of the loan.

_____ Included: Example - If the Participant's total account balance is \$10,000 and \$2,000 of that represents an outstanding Plan Loan, and the Alternate Payee is assigned 50% of such total account balance, then the Alternate Payee's assigned share of the benefits shall be \$5,000, which includes a proportionate share of the loan fund balance. In this example the Alternate Payee is not sharing in the repayment of the loan.

9. Distribution of Funds: A separate account in the name of the Alternate Payee will be established with the Plan, and the Alternate Payee's benefit will remain in such account at the discretion of the Alternate Payee. Upon establishment of the separate account, the Plan Administrator will send the Alternate Payee the necessary paperwork to change the investment elections, elect a rollover or take a cash distribution.

10. Payment can be made by Check, Money Order or Credit Card. Expiration Date: _____ / _____

Credit Card #: _____

Name as it appears on the credit card: _____

Billing address of the credit card: _____

Checks and Money Orders should be made payable to Pension Appraisers, Inc. PLEASE NOTE: Requests accompanied by personal checks will be held for two weeks to ensure that the check clears.

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