



# PENSION APPRAISERS INC.<sup>®</sup>

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

E-MAIL: penapp@pensionappraisers.com  
WWW: http://www.pensionappraisers.com

## QUALIFIED DOMESTIC RELATIONS ORDER CHECKLIST (TIAA/CREF) TEACHERS INSURANCE AND ANNUITY ASSOCIATION - COLLEGE RETIREMENT EQUITIES FUND

### METHOD OF PREPARING QUALIFIED DOMESTIC RELATIONS ORDER:

\_\_\_\_\_ Option #1: Online - Complete this checklist online at [www.qdrodesk.com](http://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 business days. Unlimited Support 1-800-447-0084. Cost - \$445

### Both Options are Supported by Pension Appraisers Staff

If Option #2, answer the following:

#### 1. REQUESTOR INFORMATION:

Name: \_\_\_\_\_

What is the Role or Status of the Requestor?

\_\_\_\_\_ Attorney who represents one of the parties of the divorce. (Answer Question A.)

\_\_\_\_\_ One of the Parties of the divorce who is represented by an attorney. (Answer Question B.)

\_\_\_\_\_ One of the Parties of the divorce who is Pro Se / Pro Per. (Answer Question C.)

#### A. Answer if you are an Attorney:

Firm Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Would you also like your QDRO e-mailed to you? \_\_\_\_\_ Yes \_\_\_\_\_ No

Should the Requestor's name and/or Firm Name, Address and Telephone Number appear above the Legal Caption? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes:

\_\_\_\_\_ Requestor's Name (ONLY)

\_\_\_\_\_ Firm's Name (ONLY)

\_\_\_\_\_ Both Requestor's and Firm's Name

Who do you Represent?

\_\_\_\_\_ Plaintiff / Petitioner \_\_\_\_\_ Defendant / Respondent

Is this a Joint Request with opposing counsel? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes:

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: \_\_\_\_\_

**B. Answer if you are one of the Parties of the divorce who is represented by an attorney.**

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Your Attorney's:**

Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Should your Attorney's name and/or Firm Name, Address and Telephone Number appear above the Legal Caption? \_\_\_\_ Yes \_\_\_\_ No

**If Yes:**

\_\_\_\_ Attorney's Name (ONLY)  
\_\_\_\_ Firm's Name (ONLY)  
\_\_\_\_ Both Attorney's and Firm's Name

**C. Answer if you are Pro Se / Pro Per.**

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**2. COURT INFORMATION:**

Name of Court: \_\_\_\_\_  
State: \_\_\_\_\_ County: \_\_\_\_\_  
Division: \_\_\_\_\_ Docket Number: \_\_\_\_\_

Which party filed for divorce? \_\_\_\_ Husband \_\_\_\_ Wife \_\_\_\_ Both

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

\_\_\_\_ None  
\_\_\_\_ Both Husband and Wife  
\_\_\_\_ Attorneys for Husband and Wife  
\_\_\_\_ Husband and Wife and Attorneys for Both

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

For an additional fee of \$50.00: Should we submit the Order to the Plan Administrator for pre-approval?

\_\_\_\_ Yes \_\_\_\_ No

Marriage Date: \_\_\_\_\_

Are the Parties Divorced? \_\_\_\_ Yes \_\_\_\_ No

If Yes:

Date of Divorce: \_\_\_\_\_

Date Marriage Ended: \_\_\_\_\_

(Cut-off date used to determine marital coverture fraction i.e. separation date, complaint date, or divorce date.)

Exact Plan Name: **TEACHERS INSURANCE AND ANNUITY ASSOCIATION /  
COLLEGE RETIREMENT EQUITIES FUND**

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

Is the Participant still employed? \_\_\_\_ Yes \_\_\_\_ No

If No:

Termination Date: \_\_\_\_\_

Is the Participant retired and receiving retirement benefits? \_\_\_\_ Yes \_\_\_\_ No

If Yes:

Retirement Date: \_\_\_\_\_

6. **The Participant is/was employed by the following entities while a member of the plan:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **The Participant has the following annuities which are marital property with the Percent or Dollar Amount to be awarded to the Alternate Payee: (the Participant might only have a few of the following)**

**TIAA Retirement Annuity (RA) Contracts:**

TIAA RA No: \_\_\_\_\_ % or \$ \_\_\_\_\_  
TIAA RA No: \_\_\_\_\_ % or \$ \_\_\_\_\_  
TIAA RA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

**CREF Retirement Annuity (RA) Certificates:**

CREF RA No: \_\_\_\_\_ % or \$ \_\_\_\_\_  
CREF RA No: \_\_\_\_\_ % or \$ \_\_\_\_\_  
CREF RA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

**TIAA Group Retirement Annuity (GRA) Contracts:**

TIAA GRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_  
TIAA GRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_  
TIAA GRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

**CREF Group Retirement Annuity (GRA) Certificates:**

CREF GRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_  
CREF GRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_  
CREF GRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

**TIAA Supplemental Retirement Annuity (SRA) Contracts:**

TIAA SRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_  
TIAA SRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_  
TIAA SRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

**CREF Supplemental Retirement Annuity (SRA) Certificates:**

CREF SRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_  
CREF SRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_  
CREF SRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

**TIAA Group Supplemental Retirement Annuity (gSRA) Contracts:**

TIAA gSRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_  
TIAA gSRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_  
TIAA gSRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

**CREF Group Supplemental Retirement Annuity (gSRA) Certificates:**

CREF gSRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_  
CREF gSRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_  
CREF gSRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

**TIAA Minimum Distribution Option Annuity (MDO) Contracts:**

TIAA MDO No: \_\_\_\_\_ % or \$ \_\_\_\_\_  
TIAA MDO No: \_\_\_\_\_ % or \$ \_\_\_\_\_  
TIAA MDO No: \_\_\_\_\_ % or \$ \_\_\_\_\_

**CREF Minimum Distribution Option Annuity (MDO) Certificates:**

CREF MDO No: \_\_\_\_\_ % or \$ \_\_\_\_\_

CREF MDO No: \_\_\_\_\_ % or \$ \_\_\_\_\_

CREF MDO No: \_\_\_\_\_ % or \$ \_\_\_\_\_

**TIAA Interest Only Option (IO) Contracts:**

TIAA IO No: \_\_\_\_\_ % or \$ \_\_\_\_\_

TIAA IO No: \_\_\_\_\_ % or \$ \_\_\_\_\_

TIAA IO No: \_\_\_\_\_ % or \$ \_\_\_\_\_

**TIAA Transfer Payout Annuity (TPA) Contracts:**

TIAA TPA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

TIAA TPA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

TIAA TPA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

**8. Termination/Reaffirmation of Alternate Payee's status as beneficiary of record for all annuity contracts or individual life insurance funded through TIAA-CREF on the life of the Participant.**

\_\_\_\_\_ **Option #1 – Termination - As of the date of TIAA-CREF's receipt of the QDRO, all TIAA-CREF benefits otherwise payable to the Alternate Payee as beneficiary are payable to the estate of the Participant.**

\_\_\_\_\_ **Option #2 – Reaffirmation - The Alternate Payee is to remain beneficiary as per existing designations.**

**Does the Participant retain the right to change the designations?**

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**9. Payment can be made by Check, Money Order or Credit Card.**

**Credit Card:** \_\_\_\_\_ **MC** \_\_\_\_\_ **Visa** \_\_\_\_\_ **Amex** \_\_\_\_\_ **Discover**

**Credit Card #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ / \_\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

Billing address of the credit card: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

Any questions regarding this Request Form or fees, please call us toll free at 1-800-447-0084.