



**PENSION APPRAISERS INC.**

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



www.pensionappraisers.com  
www.qdrodesk.com

**QUALIFIED DOMESTIC RELATIONS ORDER CHECKLIST  
FOR PRIVATE (ERISA) MONEY PURCHASE 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.

**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?  
\_\_\_\_\_ PARTNER 1 - The Participant (Employee Spouse)  
\_\_\_\_\_ PARTNER 2 - The Alternate Payee (Non-Employee Spouse)  
In addition to the Judge's, what signature lines should come at the end of the Order?  
\_\_\_\_\_ None \_\_\_\_\_ Attorneys for Both Partners  
\_\_\_\_\_ Both Partners \_\_\_\_\_ Opposing Atty. Name: \_\_\_\_\_

3. PARTNER 1 - The Participant: (Employee Spouse)

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-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? \_\_\_\_\_ 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.)**

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

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

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

**6. FOR A MONEY PURCHASE DEFINED BENEFIT PLAN:**

Money Purchase Plans contain individual participant accounts, but they are technically determined to be a defined benefit plan. This is because these plans have defined formulas for determining the participant's benefits that guarantee a specified and predetermined level of contributions each year which generate interest and earnings. These plans look like a traditional defined contribution plan because individual accounts are created for each participant.

**What portion of Participant's Total Account Balance shall be awarded 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?**

- \_\_\_\_\_ Option #1: As of the Date Marriage Ended. (we will use the date from question #5)
- \_\_\_\_\_ Option #2: From the Date Marriage to Date Marriage Ended.
- \_\_\_\_\_ Option #3: From the Date Participant started participating in the plan to Date Marriage Ended.
- \_\_\_\_\_ Option #4: As of a Specific Date which is: \_\_\_\_\_

\_\_\_\_\_ 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.
- \_\_\_\_\_ Option #2: As of the Date of Segregation  
(Date the dollar amount is segregated from Participant's account)
- \_\_\_\_\_ Option #3: As of a Specific Date which is: \_\_\_\_\_

**Should the Alternate Payee receive gains/losses on his/her share of the benefits from the Date of Division to the Date of Segregation?**

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

**7. 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 \_\_\_\_\_ This question shall not be addressed in the QDRO.

**8. Would you like to receive our recommended corresponding Settlement Agreement Language for this QDRO?**

\_\_\_\_\_ Yes \_\_\_\_\_ No (There is no additional cost for service)

(Often the QDRO is being prepared post-divorce, but it is highly encouraged, when possible, to have the QDRO prepared in conjunction with the Settlement Agreement to ensure the appropriate language covers in detail the terms for dividing the retirement account.)

**9. 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 #: \_\_\_\_\_

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

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

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

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 Appraisers, Inc.  
**PLEASE NOTE:** Requests made with 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.