



# PENSION APPRAISERS INC.<sup>®</sup>

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

### 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: \_\_\_\_\_

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 #: \_\_\_\_\_

**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

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: \_\_\_\_\_

**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 should not be addressed

**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 #: \_\_\_\_\_

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. **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 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. (we will use the date from question #5)
- \_\_\_\_\_ 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? (Establishment of a separate account for Alternate Payee)

**NOT ALL PLANS WILL CALCULATE GAINS OR LOSSES**

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

**7. 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.

**8. 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: \_\_\_\_\_

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.