



PENSION APPRAISERS INC.[®]

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QUALIFIED DOMESTIC RELATIONS ORDER CHECKLIST FOR INDIVIDUAL RETIREMENT ACCOUNT (IRA)

METHOD OF PREPARING QUALIFIED DOMESTIC RELATIONS ORDER:

- 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 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: (Account Owner - Will give up a portion of his/her IRA)

Name of Participant: _____
Date of Birth: _____
Last Known Mailing Address: _____

City, State, Zip Code: _____

Social Security Number: _____

4. **ALTERNATE PAYEE: (Spouse who will get a portion of the IRA)**

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 - i.e. separation date, complaint date, or divorce date.)

IRA Account Number: _____

Name of IRA Administrator: _____

For an additional fee of \$50.00: Should we submit the Order to the IRA 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 IRA to be paid 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 administrators 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 Distribution (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 IRA from the Date of Division to the Date of Distribution?

NOT ALL ADMINISTRATORS WILL CALCULATE GAINS OR LOSSES

_____ Yes _____ No

7. 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.