



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 THE COLLECTION OF PAST-DUE CHILD SUPPORT**

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 \$50 fee.

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 and you have completed the above section with your information please provide your attorney's information below: (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 _____ Both Partners

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

Name: _____

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: _____

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

Is the plan a _____ Employer or Union Sponsored Retirement Asset OR

_____ Government Sponsored Retirement Asset

Choose the type of plan:

_____ Defined Benefit Plan

_____ Defined Contribution Plan

Who is the Alternate Payee? (The person receiving child support arrears from the pension plan)

_____ Former spouse of the employee or former employee of the plan being divided

_____ A dependent child of the employee or former employee of the plan being divided

If the alternate payee is a dependent child:

Name: _____

Date of Birth: _____ Gender: _____

Last Known Mailing Address: _____

City, State, Zip Code: _____

Social Security Number: _____

Name of the child's legal guardian: _____

Should the payments to the alternate payee be "grossed-up" to cover federal tax withholding requirements?

_____ Yes _____ No

Question Explanation: If you name a child as the alternate payee, the participant will be liable for any taxes associated with the Order distribution. Under Internal Revenue Code Section 3405, 10 percent of the Order distribution must be withheld for federal income tax purposes. The question is - should the alternate payee have to worry about the tax burden on the arrearage simply because the noncustodial parent did not satisfy his/her child support obligation in a timely fashion? In order to provide the alternate payee with the full child support arrearage, the Order could include a 10 percent gross-up feature that requires the plan administrator to segregate an additional portion of the participant's total account balance, so that after the 10 percent withholding amount is set aside for the benefit of the participant's tax liability, the alternate payee will still receive the full child support arrears amount.

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.)

Choose the type of plan:

_____ Defined benefit plan _____ Defined contribution plan

6. What is the total dollar amount of the actual child support arrears?

Dollar Amount: \$ _____

If the plan is a defined benefit plan what percentage of the employee's monthly pension payment, commencing on his/her date of retirement, will be paid the alternate payee, until arrears are paid in full?

Percentage: _____%

7. If the plan is a defined contribution plan, should the Alternate Payee be entitled to any interest and investment earnings or losses attributable to his/her assigned share of the benefits for periods subsequent to the valuation date, until the date of total distribution?

_____ Yes _____ No **PLEASE NOTE: NOT ALL PLANS WILL CALCULATE GAINS OR LOSSES**

8. CHILD SUPPORT ENFORCEMENT AGENCY INFORMATION:

Agency Name: _____

Mailing Address: _____

City, State, Zip Code: _____

9. 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 #: _____

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 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.