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www.pensionappraisers.com www.qdrodesk.com

QUALIFYING COURT ORDER CHECKLIST FOR THE RAILROAD RETIREMENT SYSTEM TIER 2 VESTED DUAL AND SUPPLEMENTAL ANNUITY BENEFITS

OPTIONS FOR PREPARING QUALIFYING COURT ORDER:

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 Option #2: In House - Mail this checklist 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. Cost - \$495

Both Options are Supported by Pension Appraisers Staff

1. **REQUESTOR INFORMATION:**

Name:			
Firm Name:			
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 o	divorce who is rep	presented by an atte	orney please provide your attorney's: disregard.)
Name:			
Attorney ID (if applicable):			
Firm Name:			
Mailing Address:			
City:			
Telephone #:	Fax #:		
E-mail Address:			
Should the attorney's name and/or	firm name, addre	ss and telephone n	umber appear above the
Legal Caption? Yes N	0		
<u>If Yes:</u>			
Attorney's Name	Firm's I	Name	
Are you the (or, if attorney,	who do you repre	sent?):	
Plaintiff / Petitioner	Defend	ant / Respondent	
Should we send a copy of the	he Order to oppos	sing counsel?	_ Yes No
<u>If Yes:</u>			
Opposing Counsel's Name:			
Firm Name:			

	Mailing Address:						
	City: State:	Zip Code:					
	Telephone #: Fax #:						
	E-mail Address:						
2.	2. COURT INFORMATION:						
	Name of Court:						
	State: County:						
	Division: Docket Number	:					
	Which party is considered the plaintiff/petitioner?	Which party is considered the plaintiff/petitioner?					
	PARTNER 1 - The Participant: (Employee Spouse)						
	PARTNER 2 -The Alternate Payee: (Non-Employee Spouse	e)					
	In addition to the Judge's, what signature lines should come at th	e end of the Order?					
	None Attorneys fo	r Both Partners					
	Both Partners Opposing Atty. Name:						
3.	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.	4. PARTNER 2 -The Alternate Payee: (Non-Employee Spouse)						
	Name of Alternate Payee:	Name of Alternate Payee:					
	Date of Birth:						
	Last Known Mailing Address:						
	City, State, Zip Code:						
	Phone #:						
	Social Security Number: Gender:	Male Female					
5.	5. MISCELLANEOUS INFORMATION:						
	Should Social Security Numbers appear in the Order? Yes No						
	Marriage Date:						
	Are the Parties Divorced? Yes No <u>If Yes:</u> Date of Divorce:						
	Cut-off date for marital property rights:						
	Exact Plan Name: RAILROAD RETIREMENT SYSTEM						
	Exact Plan Name: <u>RAILROAD RETIREMENT SYSTEM</u>						
	Exact Plan Name: <u>RAILROAD RETIREMENT SYSTEM</u> Date Participant Joined The Plan:						

If Yes:

Retirement Date:

6. Should the Alternate Pavee receive part of:

Tier 1 Benefits: These benefits are similar to Social Security and may not be divided by a court order. The Alternate Payee may make a separate application for a portion of this benefit through the Railroad Retirement Board if the Alternate Payee meets the following requirements:

- Both Participant and Alternate Payee must be at least 62 years.
 The marriage must have lasted at least 10 consecutive years.
- 2.
- The Alternate Payee must not have remarried.
 The Participant must have begun collecting a railroad retirement or disability annuity.

Tier 2 Benefit: _____ Yes ____ No

Vested Dual Benefit:	(If the Partici	ipant is entitled t	o this benefit)) Ye	s No

Supplemental Annuity Benefit: (If the Participant is entitled to this benefit) Yes No

7. Percent or Dollar Amount of Employee's benefits to be paid by the Plan to the Former Spouse?

> Option #1: A Percentage of the Total Accrued Benefit earned through the Marriage End Date. (See Cost of Living below)

- Option #2: A Percentage of the Total Accrued Benefit earned through the Date of Retirement. (See Cost of Living below)
- Option #3: A Percentage of the Total Accrued Benefit earned through a Specific Date. (See Cost of Living below)
 - A Specific Date which is:
- Option #4: A Percentage of the Marital Portion earned through the Marriage End Date: The Marital Portion shall be determined by a fraction, the numerator of which is the number of months of the Participant's credited service in the Plan earned during the marriage and the denominator of which is the total number of months of the Participant's credited service in the Plan through the Marriage End Date. (See Cost of Living below)
- Option #5: A Percentage of the Marital Portion earned through the Date of Retirement: The Marital Portion shall be determined by a fraction, the numerator of which is the number of months of the Participant's credited service in the Plan earned during the marriage and the denominator of which is the total number of months of the Participant's credited service in the Plan earned during the marriage and the denominator of which is the total number of months of the Participant's credited service in the Plan earned during the marriage and the denominator of which is the total number of months of the Participant's credited service in the Plan through the Date of Retirement. (See Cost of Living below)
- Option #6: A Percentage of the Marital Portion earned through a Specific Date:The Marital Portion shall be determined by a fraction, the numerator of which is the number of months of the Participant's credited service in the Plan earned during the marriage and the denominator of which is the total number of months of the Participant's credited service in the Plan through a Specific Date. (See Cost of Living below) A Specific Date which is:

Option #7: Dollar Amount per Month: The Alternate Payee will receive a Specific Dollar Amount per Month from participants pension benefit. (See Cost of Living below)

A Dollar Amount per Month which is:

COST OF LIVING INCREASES: If you choose Options # 2 or #5 a share of any cost-of-living increase in the Employee's benefits would also normally accrue to the Former Spouse. No cost-of-living increase, however, is applicable to a Fixed Dollar Award (Option #7). Similarly, in the event that the parties award a percentage of benefits as of a certain date, such as the date of the decree, such percentage award constitutes a fixed award with no applicable cost-of-living increase. (Options #'s 1, 3, 4 and 6)

If a percent is chosen, will payments be deducted from the Employee's

Net Monthly Annuity (Only Option) (The net benefits are the Participants Tier 2 Benefit, Vested Dual Benefit and Supplemental Annuity, minus any amounts that are owed the United States, deducted for health and insurance premiums, Medicare premiums, and etc.) Х

When will Former Spouse's benefits start? 8.

X Monthly payments may not begin before the month in which the following three conditions are met:

- the Employee has completed ten years of railroad service (or five years of railroad service after December 31, 1995;
 the Former Spouse is 62;
- 2) 3)
- the Employee also is 62, or if deceased, would have been 62.

The Former Spouse shall continue to receive benefits for as long as the Employee has the right to

receive Railroad Retirement Benefits and shall remain payable to the Former Spouse even upon the death of the Employee.(Only Option)

Should the Former Spouse be entitled to a Survivor Annuity if the Participant dies before the Alternate Payee? 9.

X Option #1 - No (Only Option for Tier 2 Benefit, Vested Dual Benefit and Supplemental Annuity)

If the Employee is receiving a Disability Annuity or starts to receive a Disability Annuity in the future, should the Former Spouse receive a portion of the Disability Annuity? (If the order prohibits the Former Spouse from receiving any portion of a Disability Annuity the Railroad Retirement Board will apply the court order when the Disability Annuity is converted to an Age and Service Annuity upon Employee's attainment of the full retirement age. Employees born before 1938 age 65. It increases to age 67 for those born after 1960.) 10.

Yes No

11. For an additional fee of \$75.00: Should we submit the Order to the Plan Administrator for pre-approval?

(Only Option - This plan will not pre-approve an order. They only accept orders already signed by the court.) __X___No

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

Credit Card:	MC	Visa	Amex	Discover		
Credit Card #:	·					
Expi	iration Date:	/		CVV:	-	
Name as it appears on the cr	redit card:					
Billing address of the credit c	ard:					

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.