

**RETIREMENT BENEFITS COURT CHECKLIST
THRIFT SAVINGS PLAN FOR FEDERAL EMPLOYEES**

METHOD OF PREPARING RETIREMENT BENEFITS 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: _____ (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: THRIFT SAVINGS PLAN

This Order applies to which account of the Thrift Savings Plan?

_____ Civilian Account _____ Uniformed Services Account

Date Participant Joined The Plan: _____
(cannot be before April 1, 1987, the date contributions were first accepted by 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 Thrift Savings Plan to the Alternate Payee?**

_____ Dollar Amount: \$ _____

_____ Percent: _____ %

This percentage shall be applied to Participant's Vested Account Balance as of what date (Valuation Date)?

_____ as of the Date Marriage Ended.

_____ as of the Date of the Judgment of Divorce, Dissolution of Marriage, or Domestic Partnership.

_____ as of the Date this Order is approved as a Qualified Retirement Benefits Court Order.

_____ as of a Specific Date : _____

7. **Should the Participant's Vested Account Balance be reduced by the value of outstanding loans before the Payee's portion of the benefit is determined?** _____ Yes _____ No

8. **Should interest or earnings be paid on the Alternate Payee's portion of the entitlement until payment is made?** _____ Yes _____ No

9. **When will the Alternate Payee's benefits start? The Plan recognizes two types of entitlements for payment purposes: those that are currently determinable and those that can only be determined as of a future date or event. If the amount of entitlement is currently determinable, payment will be made as soon as practicable after approval. If the amount of the entitlement can only be calculated as of a future date or event, payment will occur after the earlier of: (1) The date or event described in the order or (2) The participant's separation from Federal service. (Only Option)**

10. **Form of Payment to the Alternate Payee: Benefits will be paid to the Alternate Payee in one payment. (Only Option) However, the Alternate Payee may request that the Plan transfer all or a portion of the payment to an Individual Retirement Account (IRA) or other eligible retirement plan.**

11. **For an additional fee of \$75.00: Should we submit the Order to the Plan Administrator for pre-approval?**
 X No (Only Option - This plan will not pre-approve an order. They only accept orders already signed by the court.)

12. **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.