

**QUALIFIED DOMESTIC RELATIONS ORDER CHECKLIST (TIAA/CREF)  
TEACHERS INSURANCE AND ANNUITY ASSOCIATION - COLLEGE RETIREMENT EQUITIES FUND**

Option #1: Online - Answer questions at [www.qdrodesk.com](http://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 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: **TEACHERS INSURANCE AND ANNUITY ASSOCIATION /  
COLLEGE RETIREMENT EQUITIES FUND**

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. **The Participant is/was employed by the following entities while a member of the plan:**

\_\_\_\_\_  
\_\_\_\_\_;

7. **The Participant has the following annuities which are marital property with the Percent or Dollar Amount to be awarded to the Alternate Payee: (the Participant might only have a few of the following)**

**TIAA Retirement Annuity (RA) Contracts:**

TIAA RA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

TIAA RA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

TIAA RA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

**CREF Retirement Annuity (RA) Certificates:**

CREF RA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

CREF RA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

CREF RA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

**TIAA Group Retirement Annuity (GRA) Contracts:**

TIAA GRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

TIAA GRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

TIAA GRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

**CREF Group Retirement Annuity (GRA) Certificates:**

CREF GRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

CREF GRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

CREF GRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

**TIAA Supplemental Retirement Annuity (SRA) Contracts:**

TIAA SRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

TIAA SRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

TIAA SRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

**CREF Supplemental Retirement Annuity (SRA) Certificates:**

CREF SRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

CREF SRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

CREF SRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

**TIAA Group Supplemental Retirement Annuity (gSRA) Contracts:**

TIAA gSRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

TIAA gSRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

TIAA gSRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

**CREF Group Supplemental Retirement Annuity (gSRA) Certificates:**

CREF gSRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

CREF gSRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

CREF gSRA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

**TIAA Minimum Distribution Option Annuity (MDO) Contracts:**

TIAA MDO No: \_\_\_\_\_ % or \$ \_\_\_\_\_

TIAA MDO No: \_\_\_\_\_ % or \$ \_\_\_\_\_

TIAA MDO No: \_\_\_\_\_ % or \$ \_\_\_\_\_

**CREF Minimum Distribution Option Annuity (MDO) Certificates:**

CREF MDO No: \_\_\_\_\_ % or \$ \_\_\_\_\_

CREF MDO No: \_\_\_\_\_ % or \$ \_\_\_\_\_

CREF MDO No: \_\_\_\_\_ % or \$ \_\_\_\_\_

**TIAA Interest Only Option (IO) Contracts:**

TIAA IO No: \_\_\_\_\_ % or \$ \_\_\_\_\_

TIAA IO No: \_\_\_\_\_ % or \$ \_\_\_\_\_

TIAA IO No: \_\_\_\_\_ % or \$ \_\_\_\_\_

**TIAA Transfer Payout Annuity (TPA) Contracts:**

TIAA TPA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

TIAA TPA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

TIAA TPA No: \_\_\_\_\_ % or \$ \_\_\_\_\_

**8. Termination/Reaffirmation of Alternate Payee's status as beneficiary of record for all annuity contracts or individual life insurance funded through TIAA-CREF on the life of the Participant.**

\_\_\_\_\_ **Option #1 – Termination - As of the date of TIAA-CREF's receipt of the QDRO, all TIAA-CREF benefits otherwise payable to the Alternate Payee as beneficiary are payable to the estate of the Participant.**

\_\_\_\_\_ **Option #2 – Reaffirmation - The Alternate Payee is to remain beneficiary as per existing designations.**

**Does the Participant retain the right to change the designations?**

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

**9. For an additional fee of \$50.00: Should we submit the Order to the Plan Administrator for pre-approval?**

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

**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.