



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 PRIVATE (ERISA) MONEY PURCHASE DEFINED BENEFIT PLANS**

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.

As a reminder, we are always available to help you. We are fortunate to have a team of Pension Analysts and QDRO Specialists that enjoy what they do and are happy to answer your questions. We provide all support free of charge, so please do not hesitate to contact us.

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: _____

(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.)

Date Participant Joined The Plan: _____

Is the Participant still employed? Yes No If No: Termination Date: _____

Is the Participant receiving retirement benefits? Yes No If Yes: Retirement Date: _____

6. FOR A MONEY PURCHASE DEFINED BENEFIT PLAN:

Money Purchase Plans contain individual participant accounts, but they are technically determined to be a defined benefit plan. This is because these plans have defined formulas for determining the participant's benefits that guarantee a specified and predetermined level of contributions each year which generate interest and earnings. These plans look like a traditional defined contribution plan because individual accounts are created for each participant.

What portion of Participant's Total Account Balance shall be awarded 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?

- _____ 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.
- _____ Option #2: As of the Date of Segregation
(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 benefits from the Date of Division to the Date of Segregation?

_____ Yes _____ No

7. If the Plan Administrator charges a one time determination fee for review of the QDRO, who should be responsible for paying the fee? (The fee will be taken from the investment options in the applicable account(s) according to the plan level fee method in effect as of the date the fee is deducted.)

- _____ Participant _____ Split equally between the Participant and the Alternate Payee.
- _____ Alternate Payee _____ This question shall not be addressed in the QDRO.

8. Would you like to receive our recommended corresponding Settlement Agreement Language for this QDRO?

_____ Yes _____ No (There is no additional cost for service)

(Often the QDRO is being prepared post-divorce, but it is highly encouraged, when possible, to have the QDRO prepared in conjunction with the Settlement Agreement to ensure the appropriate language covers in detail the terms for dividing the retirement account.)

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 made 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.