



**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) DEFINED CONTRIBUTION 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 \$75 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: \_\_\_\_\_

**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: \_\_\_\_\_

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: \_\_\_\_\_

**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:** \_\_\_\_\_

**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

6. Percent or Dollar Amount of Participant's benefits to be paid by the Plan 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?** (Not all plans will calculate a percentage between two dates or add or subtract from a percent amount)

\_\_\_\_\_ Option #1: As of the Date Marriage Ended. (we will use the date from question #5)

- \_\_\_\_\_ Option #2: From the Date of Marriage to Date Marriage Ended.
- \_\_\_\_\_ Option #3: As of the date the Order is approved as a QDRO by the Plan Administrator.
- \_\_\_\_\_ Option #4: As of a Specific Date which is: \_\_\_\_\_
- \_\_\_\_\_ Option #5: As of the Date of Segregation (Date the award is segregated from Participant's account)

\_\_\_\_\_ 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. (we will use the date from question #5)
- \_\_\_\_\_ Option #2: As of the date the Order is approved as a QDRO by the Plan Administrator.
- \_\_\_\_\_ Option #3: As of a Specific Date which is: \_\_\_\_\_

7. Should the Alternate Payee receive gains/losses on his/her share of the benefits from the Date of Division to the Date of Segregation? (Establishment of a separate account for Alternate Payee)

**NOT ALL PLANS WILL CALCULATE GAINS OR LOSSES**

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

8. In the event the Participant has an outstanding loan balance as of the Date of Division, should the loan balance be "Excluded" or "Included" in determining the Alternate Payee's assigned share of the benefits?

\_\_\_\_\_ Excluded: Example - If the Participant's total account balance is \$10,000 and \$2,000 of that represents an outstanding Plan Loan, and the Alternate Payee is assigned 50% of such total account balance, then the Alternate Payee's assigned share of the benefits shall be \$4,000. In this example the Alternate Payee is sharing in the repayment of the loan.

\_\_\_\_\_ Included: Example - If the Participant's total account balance is \$10,000 and \$2,000 of that represents an outstanding Plan Loan, and the Alternate Payee is assigned 50% of such total account balance, then the Alternate Payee's assigned share of the benefits shall be \$5,000, which includes a proportionate share of the loan fund balance. In this example the Alternate Payee is not sharing in the repayment of the loan.

9. Distribution of Funds: A separate account in the name of the Alternate Payee will be established with the Plan, and the Alternate Payee's benefit will remain in such account at the discretion of the Alternate Payee. Upon establishment of the separate account, the Plan Administrator will send the Alternate Payee the necessary paperwork to change the investment elections, elect a rollover or take a cash distribution.

10. 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.)

11. For an additional fee of \$75.00: 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 #: \_\_\_\_\_

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 accompanied by 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