



PENSION APPRAISERS INC.[®]

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WWW: http://www.pensionappraisers.com

QUALIFIED DOMESTIC RELATIONS ORDER CHECKLIST FOR INDIVIDUAL RETIREMENT ACCOUNT (IRA)

Option #1: Online - Complete this checklist online at www.gdrodesk.com. Upon completing checklist 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? _____ Husband _____ Wife

In addition to the Judge's, what signature lines should come at the end of the Order?

_____ None _____ Attorneys for Husband and Wife

_____ Both Husband and Wife _____ Opposing Atty. Name: _____

3. PARTICIPANT: (Account Owner - will give up a portion of his/her IRA)

Name of Participant: _____

Date of Birth: _____

Last Known Mailing Address: _____

City, State, Zip Code: _____

Social Security Number: _____

4. ALTERNATE PAYEE: (Spouse who will get a portion of the IRA)

Name of Alternate Payee: _____

Date of Birth: _____

Last Known Mailing Address: _____

City, State, Zip Code: _____

Social Security Number: _____

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.)

What is the exact name of the IRA? _____

IRA Account Number: _____

Name of IRA Administrator (please include a statement): _____

For an additional fee of \$50.00: Should we submit the Order to the IRA 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 #: _____

6. Percent or Dollar Amount of Participant's IRA to be paid 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 administrators 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 Marriage to Date Marriage Ended.
- _____ Option #3: From the Date Participant opened the IRA 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. (we will use the date from question #5)
- _____ 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 IRA from the Date of Division to the Date of Distribution?

NOT ALL ADMINISTRATORS WILL CALCULATE GAINS OR LOSSES

_____ Yes _____ No

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

Credit Card #: _____

Expiration Date: ____ / ____

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

Any questions regarding this Request Form or fees, please call us toll free at 1-800-447-0084.