



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 INDIVIDUAL RETIREMENT ACCOUNT (IRA)**

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.

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

_____ PARTNER 2 - The Alternate Payee: (Spouse who will get a portion of the IRA)

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: (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: _____

Phone #: _____

Social Security Number: _____ Gender: _____ Male _____ Female

4. PARTNER 2 - The 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: _____

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 coverage 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: _____

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 started participating in the plan to Date Marriage Ended.

_____ Option #4: As of a Specific Date which is: _____

_____ Option #5: As of the Date of Segregation (Date the award s 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 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. For an additional fee of \$50.00: Should we submit the Order to the IRA Administrator for pre-approval?

_____ Yes _____ No (Not available for Vanguard or TD Ameritrade. They only accept orders that are already signed by the court.)

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 #: _____

8. 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.