

QUALIFIED DOMESTIC RELATIONS ORDER INTAKE FORM

Attorney's Name & Address: _____

Tel: _____ E-Mail: _____

Name and Address of Participant Spouse: _____

Participant's SS Number: _____ Date of Birth: _____

Name and Address of Non-Participant Spouse: _____

Non-Participant's SS Number: _____ Date of Birth: _____

Date of Marriage: _____ Cut-Off Date of Marital Property Accruals: _____

Official Retirement Plan Name and Address: _____

First Day of Employment: _____ Is Participant retired? No longer working?

Last day worked prior to termination or retirement: _____

BE SURE TO ENCLOSE A COPY OF ANY CORRESPONDENCE YOU HAVE FROM THE PLAN PROVIDER. ALSO SEND US THE CASE CAPTION AND PROPERTY SETTLEMENT AGREEMENT OR FINAL DECREE, OR ANY OTHER BINDING WRITTEN AGREEMENT BETWEEN THE PARTIES DETAILING THE DISTRIBUTION TERMS OF THE RETIREMENT BENEFITS.

PLEASE INCLUDE A CHECK FOR **\$400.00** FOR THE FIRST ORDER (if Plan provider will accept a consolidated QDRO there is no additional charge for language addressing more than one plan in which the individual participates) AND **\$250.00** FOR ANY ADDITIONAL ORDERS ON THE SAME PLAN PARTICIPANT (i.e., prior terminated employment, dual Plan participation requiring separate Orders, etc.).

Questions? Please Call 1-800-368-8086