

Colorado Office

355 South Teller Street, Suite 200
Lakewood, CO 80226
Tel: (303) 231-1030
Fax: (303) 231-1033

California Office

3160 Lionshead Avenue, Suite 1
Carlsbad, CA 92010
Tel: (760) 477-8588
Fax: (760) 477-8581

QDRO Information Form

Thank you for retaining our company to prepare your Qualified Domestic Relations Order "QDRO". We look forward to working with you and strive to make the QDRO process as smooth and efficient as possible. Our QDRO Information form asks for much of the information we will need to prepare your QDRO or division order. It is designed to be a "catch-all" for every QDRO request we receive and completing all the requested information may not be necessary for your particular situation. Here are some "tips" for completing the QDRO Information Form:

- Please provide the **current** addresses for the parties. If you will be moving or changing addresses, please also provide the future address, so that the final QDRO may contain your proper address, as the retirement plan(s) will be sending important information to everyone during the QDRO process and thereafter.
- If you are represented by an attorney, please list their information where asked, so that we may copy them on the QDRO and all correspondence related to the division of the retirement plan(s). If you **are not** represented by an attorney, you may leave that section blank.
- Please complete the Information on Retirement Plan(s) section to the best of your knowledge. "Fidelity", "Charles Schwab", "Vanguard", etc. are Plan Custodians and are rarely the actual Plan Administrator. If unsure, please list the employer which the retirement plan was accumulated under, with a contact phone number, so that we can then research the specific information on the Plan Administrator. If this information is incomplete, please be aware that extra time on our end may be needed on locating and communicating with the appropriate Plan Administrator who will review and process the QDRO, and may delay the completion of the QDRO beyond our standard turnaround times.
- For 401(k) Plan QDROs and other defined contribution plan QDROs, a statement really helps identify the Plan, and critical information such as Plan Loans, and whether the account is being actively contributed to, and is why we ask for this statement.
- For Pension Plan QDROs, statements usually are not generated on a regular basis, and may need to be requested from your H.R. representative or benefits center. While good information to have, if a Pension Plan statement cannot be obtained, we can usually proceed with the Pension QDRO without one.
- Questions? We are here to help! Please feel free to e-mail our Team:

Tom Toxby: **thomas@qdrospecialist.com**

Sabrina Muroya: **sabrina@qdrospecialist.com**

Tracy Lyon: **tracy@qdrospecialist.com**

QDRO Information Form

(* Denotes Required Information)

1. Participant (employee):

* Name: _____

* Social Security Number: _ _ _ - _ _ - _ _ _ _

* Date of Birth: _____

* Street Address: _____

* City: _____

* State: _____ * ZIP Code: _____

Telephone: _____

E-mail: _____

Participant's Attorney:

Name: _____

Firm Name: _____

Street Address: _____

City: _____

State: _____ ZIP Code: _____

Telephone: _____

FAX: _____

E-mail: _____

(* Denotes Required Information)

2. Alternate Payee (non-employee):

* Name: _____

* Social Security Number: _ _ _ - _ _ - _ _ _ _

* Date of Birth: _____

* Street Address: _____

* City: _____

* State: _____ * ZIP Code: _____

Telephone: _____

E-mail: _____

Alternate Payee's Attorney:

Name: _____

Firm Name: _____

Street Address: _____

City: _____

State: _____ ZIP Code: _____

Telephone: _____

FAX: _____

E-mail: _____

3. Information about the Divorce:

* Date of Marriage: _____

* Date of Separation: _____ (For Community Property States; i.e. California)

* Date of Dissolution: _____ (If Granted at this time)

(* Denotes Required Information)

4. Information about the Retirement Plan(s):

Note: If more than one plan is being divided, please photocopy this page for additional plans, or provide the information on a separate sheet of paper.

* Name of the Plan: _____

* Name of Employer: _____

Name of Plan Administrator: _____

Plan Mailing Address: _____

* Plan Telephone: _____ Plan Fax: _____

Date Participant began working for the employer: _____

Is the Participant still working for this employer? Yes / No

Date Participant stopped working for this employer: _____

Is the Participant retired? Yes / No

Is the Participant currently receiving benefits from this Pension Plan? Yes / No

If retired under a Pension Plan, did the Participant elect survivor benefits for the Alternate Payee at the commencement of benefits? Yes / No / Unsure

5. Documents

- A copy of the Separation Agreement / Marital Settlement Agreement (actual or proposed) or Judgment of Divorce that deals with the division of the retirement benefits. You may send the whole copy or just the first and last pages and any pages dealing with the retirement plans.

- Recent retirement plan account statements or benefit statements for the Participant (If available)