

QDRO REQUEST FORM

☐ I would like pre-approval (if allowed by the Plan).

Note: A review of the draft QDRO typically takes 30-60 days.

PART A: CASE INFORMATION

PLAINTIFF / PARTY A:	DEFENDANT / PARTY B:
Name:	Name:
Street Address:	Street Address:
City, State Zip:	City, State Zip:
Phone Number:	Phone Number:
Email Address:	Email Address:
Social Security Number:	Social Security Number:
Date of Birth:	Date of Birth:
The Social Security Number is necessary for the Partic	ipant
Plaintiff / Party A is the: ☐ PLAN PARTICIPANT ☐ ALTER	NATE PAYEE
Are either parties intending to move to a different address w	ithin the next 60 days? □Yes □ No
If yes, which party? □ Plaintiff / Party A □ Defendant /	Party B
Name of the person completing this form:	

QUROCO generally requires that ar least one party be represented by an atto	orney. Provide the name(s) of the applicable attorney(s) below.		
Plaintiff □ does □ does not have an attorney	Defendant □ does □ does not have an attorney		
PLAINTIFF/PARTY A ATTORNEY:	DEFENDANT/PARTY B ATTORNEY:		
Attorney Name:	Attorney Name:		
Firm Name:	Firm Name:		
Street Address:	Street Address:		
City, State Zip:	City, State Zip:		
Phone Number:	Phone Number:		
Email Address:	Email Address:		
COURT INFORMATION:	DURATION OF MARRIAGE:		
Case No.:	Date of Marriage:		
Judge:	Date of Divorce:		
County:	Date of Division:		
PART B: PAYMENT INFORMATION			
(Q)DRO Drafting: \$500			

Order Dividing Military Retirement Pay: Call for Quote

Equalization Calculation: \$100

How are the fees to be paid?

Who is your preferred consultant?

DOCUMENTS REQUIRED:

- Divorce Decree
- Account/benefit statement for each plan being divided (dated within the last 90 days)

Please forward these to: intake@qdroco.com

PART C: PLAN INFORMATION

QDRO #1 — INFORMATION FOR RETIREMENT PLAN BEING DIVIDED Employee (Participant) Name:

Employee (Participant) No	ame:		Gender:	
Employer/Company Nan	ne:			
Company Phone:		Contact Person: _		
Plan Name:				
Hire Date:				
Employment Status:	□ Hourly □ Employed	□ Salaried □ Terminated	□ Retired	(Date of Retirement)
	ne details are not includ _% of Total Account Bal	ed in the Judgment. If b	ooth are silent we	will use our defaults.
	as of / /.			
 Include gains/losses (choose one): □Yes <i>(de</i>	<i>fault)</i> □No		
• Loan Treatment (choo	se one): 🗆 Include in tota	al account balance □Exc	clude from total a	ccount balance <i>(default)</i>
Assignment Instructions Complete this section if the Amount: %		in the Judgment. If both	*	use our defaults.
% % \$	frozen as of the divorce total benefit at retiremen per month	date		
 Whose life expectance Include a qualified present include a qualified position Include early retirement 	y? * 🗆 Alternate Payee e-retirement survivor annu		fault) □ No	

^{*} If the Participant is in payout status, a shared payment approach is the only option and the form of benefit elected at the Participant's retirement cannot be altered.

PART C: PLAN INFORMATION

QUKU #2 — INFUKMAI Employee (Participant) Nam				
Employer/Company Name	:			
Company Phone:		Contact Person: _		
Plan Name:				
Hire Date:				
Employment Status:	☐ Hourly	☐ Salaried		
	☐ Employed	☐ Terminated	☐ Retired	(Date of Retirement)
Assignment Instructions - (e.g., 401(k), 403(b), P. Complete this section if the	Profit Sharing, Thrift I	Plans, Deferred Comp)		e will use our defaults.
□\$	as of / /	ce as of//;		
• Include gains/losses (ch	noose one): 🗆 Yes <i>(de</i>	<i>efault </i> □No		
• Loan Treatment (choose	one): 🗆 Include in tot	al account balance 🗆 Ex	cclude from total c	account balance (default)
% fr		in the Judgment. If both date	•	use our defaults.
\$ p		I		
Whose life expectancy?Include a qualified pre-	P * ☐ Alternate Payee retirement survivor annuretirement joint and sursubsidies and supplement		fault) □ No	

* If the Participant is in payout status, a shared payment approach is the only option and the form of benefit elected at the Participant's retirement cannot be altered.

IF YOU NEED ADDITIONAL QDROS, PLEASE SUBMIT AN EXTRA SHEET.

Additional Comments and Further Directives:				
Use the space below for any information we should know that was not previously indicated.				

THE RETENTION AGREEMENT & PAYMENT INFORMATION WILL BE EMAILED TO THE PARTIES If the parties do not use email, we will forward this information to you to share with your client.