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QDRO FACT SHEET Pro Se Party – Defined Contribution Plan

QDRO preparation services are offered by the above-named corporation and not a licensed attorney. No legal advice or services will be provided. If you need legal advice, please consult with an attorney.

1. Plan Participant (Employee)

- a. Full Legal Name: _____
- b. SS# (Must have complete #): _____
- c. DOB: _____
- d. Last known address: _____
- e. Attorney for Participant: _____
Legal Assistant's Email: _____
- f. Date of beginning of Plan participation / military service: _____
- g. Date of termination of Plan participation / military service (if any): _____
- h. Employee ID No. (if any): _____
- i. Is the participant currently receiving retirement benefits from this Plan: _____
- j. Employment status of participant (active, laid-off, terminated or retired): _____
- k. Was the employee hourly or salaried or both: _____

2. Alternate Payee (Non-employee spouse)

- a. Full Legal Name: _____
- b. SS# (Must have complete #): _____
- c. DOB: _____
- d. Current address: _____
- e. Email: _____ Phone: _____

3. Facts

- a. Date of Marriage: _____ Date of Divorce: _____
- b. Date of Division if different from Date of Divorce (must be contained in Decree):

How is the plan to be divided pursuant to the Decree (\$ amount or %):
To Participant: _____
To Alternate Payee: _____
- c. Has the Court previously signed a QDRO in this case on this Plan: _____

Unless each issue below is specifically addressed in the Decree, please provide a response.

- d. Is the awarded amount to include gains and losses from the division date? _____
- e. Are loan balances, if any, to be deducted from the account balance prior to computation of the awarded amount (percentage divisions only)? _____
- f. If the Plan charges a fee to process the QDRO, what percentage will be paid by each party?
Participant: _____% Alternate Payee: _____%

4. The Plan

- a. Plan Sponsor (Employer): _____
- b. **Exact** name of the Plan: _____
- c. Name of Plan Administrator or HR contact: _____
- d. Address of Plan Administrator: _____
- e. Telephone number of Plan Administrator or HR contact: _____

WE MUST HAVE THE FOLLOWING FOR EVERY QDRO:

1. FEE OF \$400.00 PER QDRO;
2. NAMES, ADDRESSES, PHONE NUMBERS & BAR NUMBERS OF THE ATTORNEYS INVOLVED IN CASE THAT WILL BE APPROVING THE QDRO (ATTORNEY SIGNATURE PAGE OF DECREE IS SUFFICIENT);
3. COPY OF FIRST PAGE OF DECREE AND PAGE(S) THAT DIVIDE(S) THE RETIREMENT PLAN(S) (SOME PLANS REQUIRE RECENTLY CERTIFIED COPIES OF DECREE. WE WILL ADVISE IF APPLICABLE). IF AMENDING A QDRO, A COPY OF THE PRIOR QDRO AND ANY PLAN REJECTION LETTER;
4. IF AVAILABLE, COPY OF RECENT PLAN STATEMENT & SAMPLE QDRO FORMS.

Many Plans now charge a fee to process a QDRO. Any fees charged by the Plan, or Court filing fees, are not included in the fees paid to us and must be paid by one or both parties.

IF QDRO PAPERWORK IS SENT TO US WITHOUT PAYMENT OF THE FEE, IT WILL BE KEPT FOR 60 DAYS, THEN SHREDDED.

OUR FEE INCLUDES ANY NEEDED AMENDMENTS TO GET PLAN APPROVAL. IN MOST CASES, WE WILL REQUIRE ADDITIONAL INFORMATION OR DIRECTION. IF REVISIONS NEED TO BE MADE, PLEASE CONTACT US AND WE WILL MAKE THE CHANGES AT NO ADDITIONAL FEE.

YOU, AS A PRO SE PARTY, ARE RESPONSIBLE FOR OBTAINING SIGNATURES, INCLUDING THE JUDGE'S SIGNATURE AND SENDING A CERTIFIED COPY OF THE QDRO TO THE PLAN ADMINISTRATOR.

Revised Oct 2022