



QDRO Professionals, LLC
1412 Ashley River Road
Charleston, SC 29407
P: (843) 779-5664
F: (864) 673-0283
info@qdroprofessionalsllc.com
www.qdroprofessionalsllc.com

QDRO PROFESSIONALS, LLC GENERAL INTAKE FORM
PLEASE PRINT LEGIBLY

A. PARTIES' INFORMATION: (all required)

1. Plaintiff:

Name on Pleadings: _____
New name if changed by Order: _____
Social Security Number: _____
Date of Birth: _____
Current Physical Street Address: _____ *No P.O. Box
City, State, Zip Code: _____
Telephone: _____
Email: _____

2. Defendant:

Name on Pleadings: _____
New name if changed by Order: _____
Social Security Number: _____
Date of Birth: _____
Current Physical Street Address: _____ *No P.O. Box
City, State, Zip Code: _____
Telephone: _____
Email: _____

3. Marriage and Divorce Information:

Date of Marriage: _____
Date of Separation: _____
Date of Filing (Summons & Complaint): _____
Date of Final Order of Agreement (if not at same time as divorce): _____
Date of Divorce: _____
Date of Valuation: _____ (date the assets are to be valued)
• If this date is not in the Order or Agreement, the parties must agree on a Date of Valuation

B. ATTORNEY INFORMATION: *(Please provide the name(s) of any attorneys that represent either party and indicate whether this attorney should be copied on correspondence related to the QDRO).*

1. Plaintiff's Attorney Name: _____
Address: _____
Telephone: _____ Email: _____
_____ Include this attorney on QDRO correspondence
_____ Do NOT include this attorney on QDRO correspondence

2. Defendant's Attorney Name: _____
Address: _____
Telephone: _____ Email: _____
_____ Include this attorney on QDRO correspondence
_____ Do NOT include this attorney on QDRO correspondence

C. QUESTIONS FOR ALTERNATE PAYEE (person who will receive benefit from QDRO)

Please rank the following alternatives from 1 to 5, with *1 being the best* alternative (the one you would prefer the most) and *5 being the worst* alternative (the one you would least like to have):

- _____ Immediate Lump-sum payment from plan, even though I understand I will have to pay taxes on it
- _____ Rollover into my IRA (no tax payable until I make withdrawals from the IRA)
- _____ Monthly annuity, starting when my spouse retires and ending on his/her death
- _____ Monthly annuity, starting when my spouse retires and ending on my death even if my spouse dies first
- _____ Monthly annuity starting when I choose and continuing until my death even if my spouse dies first

D. REQUIRED DOCUMENTS

- _____ Final Order/Divorce Decree* (with all pages)
- _____ Final Order/Separation Agreement* (with all pages)
- _____ Summary Plan Description
- _____ Current Account Statement for each Plan to be divided (with balances) or Annual Benefits Statement (most recent)
- _____ Plan's Written QDRO Procedures and Model Language for QDRO

***PLEASE UNDERSTAND THAT YOUR DIVORCE DECREE AND OR FINAL ORDER OF SEPARATION ALONG WITH ANY ATTACHED AGREEMENT WILL BE SENT TO THE PLAN ADMINISTRATOR AND POTENTIALLY YOUR EMPLOYER. By completing this Intake form you acknowledge that you have reviewed the Fee Agreement and agree to all terms included therein.**

Please try to complete as much of this questionnaire as you can. If you need help completing this questionnaire, please email us at: info@qdroworld.com.

[PLAN SPECIFIC INFORMATION ON FOLLOWING PAGES]