



QDRO Professionals, LLC
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QDRO PROFESSIONALS, LLC INTAKE FORM

QDRO Professionals to Complete this section:

	Amt. pd	Date pd.	Chk/cash/card	FO	Stmt	Plan Docs
P						
AP						

PLEASE PRINT LEGIBLY

A. PARTIES' INFORMATION: (all required)

1. Participant (Employee/Retiree Spouse):

Name: _____
 Social Security Number: _____
 Date of Birth: _____
 Current Physical Street Address: _____ *No P.O. Box
 City, State, Zip Code: _____
 Telephone: _____
 Email: _____
 Participant/Employee Hire Date: _____ Still Employed? _____
 Date of Termination: _____ Date of Retirement: _____
 Is Participant currently receiving benefits from this Plan? _____
 If Retired, did Participant elect survivor benefits for the Alternate Payee at the commencement of benefits? _____
 Normal Retirement Age: _____ Early Retirement Age: _____

2. Alternate Payee (Spouse who will receive benefit from QDRO):

Name: _____
 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)

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

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

C. RETIREMENT PLAN INFORMATION *(please print a separate page for each Plan)*

1. Type of Plan: (check one if you know which applies)
_____ ERISA Defined Benefit Plan
_____ ERISA Defined Contribution Plan

2. Plan Name: _____
Employer Name/Plan Sponsor: _____
Contact Person at Employer: _____
Telephone Number: _____ Fax: _____
Mailing Address: _____
Email: _____
Website with employee benefit information: _____

3. Plan Administrator: _____
Plan Administrator Contact Person: _____
Telephone Number: _____ Fax: _____
Mailing Address: _____
Email: _____
Website with Plan information: _____

D. MILITARY, FEDERAL, AND STATE PLANS

If the plan to be divided is a **Military Plan**, please **REQUEST** Military Questionnaire

1. **FEDERAL: FERS/CSRS**
Name of Federal/State agency where employed _____
CSRS#: _____ FERS#: _____
Date of Hire: _____
Date of Retirement (if retired): _____
If retired, was Former Spouse Survivor Annuity (FSSA) elected at retirement? _____
Does Employee participate in Thrift Savings Plan? _____
TSP#: _____

2. **STATE**

Name of State agency where employed _____
SCRS? _____ PORs? _____ GARS? _____ JSRS? _____
Date of Hire: _____
Date of Retirement (if retired): _____
TERI Program Participant? _____ What date did you start TERI? _____
If retired, was Former Spouse listed as Survivor beneficiary at retirement? _____
If so, which Option? _____

E. QUESTIONS FOR ALTERNATE PAYEE

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

*Many employee pension and benefit plans only offer a few alternative methods of distribution, so an alternative you want (such as a lump-sum payment) may not be available from the plan. We cannot guarantee that we will be able to arrange for payment in any particular form, but we will do our best to obtain what you desire in accordance with the Court Order.

F. REQUIRED DOCUMENTS

If the Plan's written QDRO Procedures or Model Language are unknown, please make a note of that so that QDRO Professionals can attempt to contact the Plan Administrator

- _____ Final Order/Divorce Decree*
- _____ Final Order/Separation Agreement*
- _____ 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.**

Please try to complete as much of this questionnaire as you can; the more information you provide us the better. While there are many ways for us to find out about such benefits, the most efficient and inexpensive way for us to get this information is for you to help us obtain it. However, if you need help in completing the enclosed questionnaire, please email us at: info@qdroprofessionalsllc.com.