



## QDRO Pros, Inc. DATA SHEET PRIVATE DEFINED BENEFIT PLAN

### Plan Information

What is participant's name?

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_

What is the full name of the Plan? \_\_\_\_\_

Plan Administrator's name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zipcode \_\_\_\_\_

Office phone \_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Plan address to which QDROs should be mailed, if different:

QDRO Administrator's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zipcode \_\_\_\_\_

### Employment Information

Participant's Employer's Name for this Plan \_\_\_\_\_

Date of Hire: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_



**If NOT addressed in your Marital Settlement Agreement please provide Division of Plan Information:**

How is former spouse's share of benefits to be determined?

time rule **or**  fixed % \_\_\_\_\_ **or**  fixed \$ \_\_\_\_\_

If based on time rule or fixed % what date should it be based on?

Date of separation **or**  Date of dissolution **or**

Other \_\_\_\_\_

**Questions for RETIRED Participants ONLY:**

What was the date of retirement? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

If retired, what form of benefit did participant select at Retirement?

Joint and Survivor annuity with former spouse **or**

Joint and Survivor annuity with someone else **or**

Single Life annuity

**General Information**

Have any prior QDROs been filed on this plan?  Yes **or**  No

**If yes**, please mail copies of prior QDROs to QDRO Pros, Inc.

If there are any special Arrangements between you and your former spouse that are not included in the MSA or Judgment for Dissolution, please describe the special arrangements below:

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