



QDRO Pros, Inc. DATA SHEET
PRIVATE or PUBLIC EMPLOYER DEFINED CONTRIBUTION PLAN,
THRIFT SAVINGS PLAN, 401(k), 403(b) (Tax Sheltered Annuity),
457 (Deferred Compensation)

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 or Plan Membership: Month _____ Day _____ Year _____

Is participant currently retired? Yes **or** No

If yes, what was the date of retirement? Month _____ Day _____ Year _____

If retired, what form of benefit did participant select?

- Joint and Survivor annuity with former spouse **or**
- Joint and Survivor annuity with someone else **or**
- Single Life annuity



General Information

Are there any loans outstanding? Yes **or** No

If yes, please provide dates of loan withdrawal(s): _____

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

