



ALL PRO QDRO, LLC
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QDRO CHECK LIST FOR ERISA (PRIVATE)
DEFINED BENEFIT PLANS

The following data is required for the preparation of an Order against an ERISA (private) Plan. Upon completion, please sign the bottom of the form as requested and enclose the appropriate fee. In the event you do not have all of the data presently available, you may send us the information you have, together with the payment of our fee, and we will advise you if additional documents are necessary.

1. Provide basic factual information regarding the case:

Plaintiff / Petitioner: _____
Is this individual the husband or wife? _____

Defendant / Respondent: _____
Is this individual the husband or wife? _____

State: _____ **County:** _____

Docket # / Case #: _____

Are the parties using an attorney to review and file this QDRO?

Yes - utilizing an attorney _____

No - proceeding Pro se _____

If an attorney is being utilized, provide the following information for the attorney. If proceeding Pro se, provide the following information for yourself.

Attorney for the Plaintiff/Petitioner or Pro se Plaintiff/Petitioner:

Name: _____

Address: _____

Phone Number: _____ **Fax Number:** _____

E-mail address (required if Pro se): _____

Attorney for the Defendant/Respondent or Pro se Defendant/Respondent:

Name: _____

Address: _____

Phone Number: _____ **Fax Number:** _____

E-mail address (required if Pro se): _____

NOTE: Most communications with Pro se parties will be via e-mail.

2. Who will be filing the Order with the Court: _____

If an attorney is filing provide name and NJ attorney identification number as required by NJ Court Rule 1:4-1(b):

Attorney name: _____

Attorney ID#: _____

3. Which party's benefits are to be divided by a Domestic Relations Order?

Husband _____ **Wife** _____

This individual will hereinafter be designated as the Participant.

4. Provide the following regarding the Participant (Employee Spouse):

Name of Participant. _____

Date of birth. _____

Current mailing address. _____

Social Security Number. _____

5. Provide the following regarding the Alternate Payee (Spouse or Former Spouse):

Name of Alternate Payee. _____

Date of birth. _____

Last known mailing address. _____

Social Security Number. _____

6. Marriage date. _____

7. End of marriage date (cutoff date to be used for acquisition of marital assets), i.e. separation date, date complaint filed, or divorce date. _____

8. Provide the exact legal name of specific Plan(s).

9. Provide the name and telephone number of the Plan Administrator or Benefits Manager of the Plan Sponsor (Company).

10. Advise the date the Participant joined the plan.

11. Advise the date of hire for the Participant. _____

12. Is the Participant still actively employed with the Plan Sponsor or Company? ____ If no, provide employment end date: _____

13. If the Participant is not actively employed, indicate if the participant is retired and collecting a pension. _____

Provide the date of retirement _____

14. Should the Order provide for Survivorship Benefits?

If yes, which type of benefit?

Qualified Pre-Retirement Survivor Annuity (QPSA) _____

(To guarantee Alternate Payee's benefit should Participant die pre-retirement - does not provide any additional benefit to the Alternate Payee other than what is Ordered)

Qualified Joint and Survivor Annuity (QJSA) _____

(Provides additional money to the Alternate Payee in the case of post-retirement death of the Participant - use in cases of extraordinary circumstances)

A pro rata share _____

A percentage _____% of the maximum survivor annuity

The cost of the QJSA shall be paid from the share of:

The Participant _____

The Alternate Payee _____

Both Parties _____

15. Should the Alternate Payee receive a pro-rata share of any:

Cost of Living Adjustment _____

Early Retirement Subsidies _____

16. If the Participant becomes entitled to disability payments in lieu of regular retirement benefits, should the Alternate Payee be entitled to a proportionate share of the disability payments to satisfy benefit rights under the QDRO?
Yes _____
No _____

ADDITIONAL DOCUMENTS REQUIRED:

1. Provide a copy of the relevant section of the Property Settlement Agreement specifying the section related to the Domestic Relations Order or pension, a copy of the first page of the original Complaint and a copy of the Judgment of Divorce.
2. Provide a copy of a benefit statement from the account which is being divided. The statement must include the name of the Plan, the account number (if applicable) and address of the Plan.

NOTE: If the Participant is retired and presently collecting on the pension, also produce a copy of the benefit calculation provided to the Participant at the time of retirement including the elected retirement option and named beneficiary.

3. Provide a copy of the Plan Summary Description and Domestic Relations Order guidelines established by the Company or Union for this Plan. If this information is unavailable, please be sure to include a contact name and telephone number or the Plan.

SIGNATURE:

My signature below confirms that the information provided above is accurate and complete to the best of my knowledge. I have not intentionally provided any false or misleading information nor have I purposefully omitted any information. My signature below also confirms my request that All Pro QDRO prepare a Qualified Domestic Relations Order in this matter and that I accept the fees as indicated on the following page. I understand there is a \$100 NON-REFUNDABLE file set up fee.

Signature: _____

Date: _____

METHOD OF PAYMENT

_____ Preparation of each QDRO at \$500.00.

_____ Expedited Fee \$150 per QDRO. (Please note if requesting expedited service only a credit card or a law firm check will be accepted for payment)

Total amount: \$ _____

_____ Enclosed is my check made payable to All Pro QDRO, LLC.

_____ My credit card information is provided below

Credit Card Type: Master Card or Visa only

Credit Card Number: _____

C V V Number: _____
(This is the last three numbers located on the back of your card by or on the signature line)

Expiration Date: _____

Name on Card: _____

Billing Address: _____

Amount to be Charged: \$ _____

Note: If paying by credit card, a photocopy or imprint of your credit card is required for security/fraud purposes. Please enclose this copy when returning the checklist.