

QDRO QUESTIONNAIRE

Client Information

1. Name: _____
2. Phone : _____
3. Address: _____

4. Social Security Number: _____
5. Date of Birth: _____
6. Date of Marriage: _____
7. Date of Divorce: _____
8. Date of Division of Property: _____

Plan Participant Information

9. Name: _____
10. Phone: _____
11. Address: _____

12. Social Security Number: _____
13. Date of Birth: _____
14. Date of Employment: _____
15. Retired? (Y/N): _____
16. Have Benefit Payments Commenced? (Y/N): _____

Plan Information

17. Exact Name of the Plan: _____

18. Name of the Plan Administrator: _____

19. Plan Administrator Contact Name: _____

Phone: _____

Fax: _____

Email: _____