



Qualified Domestic Relations Order (QDRO) Intake Form

C. Additional Information

Date of Marriage: _____ Cut-Off Date of Marital Property Accruals: _____

Official Retirement Plan Name and Address:

Participant's First Day of Employment: _____ Retired Still working with same employer
MM/DD/YY

Last day worked prior to termination or retirement, if applicable: _____
MM/DD/YY

Please Provide:

- 1). Any correspondence you have from the plan provider.
- 2). Case Caption and Property Settlement agreement, Final Decree, or any other binding written agreement between the parties detailing the distribution terms of the retirement benefits.
- 3). Copy of photo ID such as driver's license or passport.

How were you referred to us?

Referral from _____

Legal Insurance (if applicable): ARAG CLC Hyatt Legal Other _____

Plan Member Name: _____ Plan Member ID or SS#: _____

Tradebank (if applicable): Name on card _____ Membership # _____