

## Qualified Domestic Relations Order (QDRO) Intake Form

Please print or type.			
Today's Date:			
Are you the participant in a 401K or retire	ement account for the QDRO?	Yes No	
A. Client Information			
Name:	 Middle	Last	
	Middle	Edst	
Address:Street	City	State	Zip Code
Date of Birth: SS#:			
MM/DD/YY	Home	Cell	Work
E-mail Address:	Preferred Contact:	Email Pho	one
Prior Attorney's Name: (if applicable)			
Attorney's Phone #:	Attorney's Email:	Attorney's Email:	
B. Other Party Information			
Name:			
First	Middle	Last	
Address:Street	City	State	Zip Code
Date of Birth: SS#:	Phone:		
MM/DD/YY	Home	Cell	Work
E-mail Address:	Preferred Contact:	Preferred Contact: Email Phone	
Prior Attorney's Name: (if applicable)			
Attorney's Phone #:	Attorney's Email:		



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ate of Marriage: Cut-Off Date of Marital Property Accruals:						
Official Retirement Plan Name and Address:						
Participant's First Day of Employment:	TDD/YY Retired	Still working with same employer				
Last day worked prior to termination or retirement, if applicable:						

## Please Provide:

C. Additional Information

- 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 #		Membership #		