

ERISA PLANS - PROVIDE ALL "X" ITEMS BELOW

This form is now available on our website: <http://www.troyaninc.com/QDRO/QDRO-Forms>

This is an attachment to our Retainer Agreement for the preparation of an QDRO or equivalent.

1. X Provide a copy of the Property Settlement Agreement
2. X Provide a copy of the Judgment of Divorce (if none provide sample caption).
3. X Provide the following regarding Plaintiff/Petitioner:
 - a. Name _____
 - b. Date of birth. _____
 - c. Social Security Number. _____
 - d. Home address. _____
 - e. Daytime Telephone Number. _____
 - f. Represented by Attorney for QDRO? _____ (yes) or _____ (no)
(if left blank we will presume self-represented / pro-se / pro-per)
 - g. If yes, Name of Attorney. _____
 - (i) Address of Attorney. _____
 - (ii) Attorney email address. _____
 - h. If copies are to be sent to this side please place in box
(if left blank we will not send copies to this side)
4. X Provide the following regarding Defendant/Respondent:
 - a. Name _____
 - b. Date of birth. _____
 - c. Social Security Number. _____
 - d. Home address. _____
 - e. Daytime Telephone Number. _____
 - f. Represented by Attorney for QDRO? _____ (yes) or _____ (no)
(if left blank we will presume self-represented / pro-se / pro-per)
 - g. If yes, Name of Attorney. _____
 - (i) Address of Attorney. _____
 - (ii) Attorney email address. _____
 - h. If copies are to be sent to this side please place in box
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5. X Date of marriage _____ (mm/dd/yyyy).
6. X Jurisdiction's end of marriage date (cutoff date to be used for acquisition of marital assets), i.e. date of separation, filing of the complaint, service of summons, etc. _____ (mm/dd/yyyy).

7. X Provide legal name of Plan(s) QDRO to be drafted against:

8. X Date of initial participation or first contribution in Plan: _____ (mm/dd/yy)
if left blank we will presume the 1st contribution was on or after the date of marriage.

9. X Provide us with a copy of the current *Summary Plan Description ("SPD")*.

10. X If the Plan we are to draft against is a Defined Benefit Plan then please obtain a benefit estimate/statement from the Plan Sponsor which provides the employee's date of hire, date of participation, credited service and accrued benefit as of the applicable cut off date, which would be payable at normal retirement age.

11. X If the Plan we are to draft against is a Defined Contribution Plan (i.e. 401(k), 403(b), 457, etc.) then please obtain a copy of a statement provided to the employee as close as possible to the cut off date, the date of marriage (if available) and as of current date.

12. X Provide a copy of any underlying pension evaluation report prepared for this matter. ***(If any available)***

13. X Advise the full name and address of the employer for the party whose benefits are to be divided. If more than one employer involved provide complete details on all. _____

14. X Provide a copy of the Domestic Relations Order guidelines established by the Company for this Plan. ***If any available***

15. X Is the party whose benefit is to be divided still actively employed? _____

If the party is terminated or retired and collecting provide the date of termination or retirement. _____

If this question is not answered we will assume the individual is still actively employed.

16. X If the party is retired and collecting provide a copy of the benefit calculation provided to the individual at retirement including information on the retirement option elected at retirement and the beneficiary named, if any. This should also include the party's date of hire, participation, credited service, date of termination and any other data used to make the calculation.

To Make a Payment Click Link: <https://secure.lawpay.com/pages/troyaninc/operating>