



ALL PRO QDRO, LLC
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**QDRO CHECK LIST FOR
DEFINED CONTRIBUTION PLANS**

The following data is required for the preparation of an Order against a Contribution 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: _____

E-mail address (REQUIRED): _____

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

Name: _____

Address: _____

Phone Number: _____

E-mail address (REQUIRED): _____

NOTE: Most communications with 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. _____

Last four digits of Social Security Number. _____
(Please note a full social security number may be requested by the Plan)

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

Name of Alternate Payee. _____

Date of birth. _____

Last known mailing address. _____

Last four digits of Social Security Number. _____
(Please note a full social security number may be requested by the Plan)

6. Marriage date. _____

7. End of marriage date (cutoff date for 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. Are there any pre-marital funds in the account? _____

If yes, a coverture fraction will be utilized to determine the marital percentage. If the parties require a written report, include the Defined Contribution Pension Evaluation Checklist and an additional \$200.

12. Is the Participant still actively employed with the Plan Sponsor? _____

If no, provide employment end date: _____

13. Is the distribution a percentage or dollar amount?

If percentage list the percent: _____

If dollar amount list the amount: _____

14. Are the parties requesting an offset of other contribution accounts (i.e. IRAs or other 401(k)s)?

Yes _____

No _____

If yes, there is an additional fee of \$200 per account; \$300 if pre-marital or rollover calculations are required.

Provide the name of each Plan, the start date (and end date if applicable) for each Plan and an account statement for each Plan as of the cut-off date (ie the date of the filing of the Complaint). Note that we cannot offset accounts through the date of distribution but only through the cut-off date.

15. Should the Alternate Payee receive gains/losses on his/her share of the benefits from the marital end date to the date of distribution?

Yes _____

No _____

16. Are there outstanding loan balances against the Participant's account?

Yes _____

No _____

If yes, when determining the total account balance, the outstanding loan balance:

Should be included (Alternate Payee's share of the account will not be reduced as a result of the loan) _____

Should not be included (Alternate Payee's share of the account will be reduced as a result of the loan) _____

DOCUMENTS REQUIRED:

Please provide:

- _____ A copy of the relevant section of the Marital Settlement Agreement specifying the section related to the Domestic Relations Order or pension.
- _____ A copy of the first page of the original Complaint.
- _____ A copy of the Judgment of Divorce.
- _____ A copy of a benefit statement from the account which is being divided. The statement must include the name of the Plan and address of the Plan.
- _____ 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 that \$100 of the below stated fee is NON-REFUNDABLE as file set up fee.

Signature: _____

Date: _____

METHOD OF PAYMENT

___ Preparation of each QDRO at \$700.00.

___ 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: Visa, Mastercard, Discover, American Express

Credit Card Number: _____

Security Number (cvv): _____
(This is a 3 digit # for Visa, M/C, Discover and a 4 digit # for Amex)

Expiration Date: _____

Name on Card: _____

Billing Zip Code: _____

Amount to be Charged: \$ _____

Telephone Number: _____

Checklist and documents can be mailed to our postal address or emailed to info@allproqdro.com