

QDRO FACT SHEET

1. Participant

- a. Name:
- b. SSN#:
- c. DOB:
- d. Current Address:
- e. Attorney for Participant:
- f. Date of Employment:
- g. Employee ID No. (If any):
- h. Date of termination of employment (if any):
- l. Beginning date of participation in the plan: (if any)
- j. Date of Termination of participation in the plan (if any):
- k. Is the participant currently receiving benefits:
- l. Employment status of participant: hourly or salaried; active, laid off or retired

2. Alternate Payee

- a. Name:
- b. SSN#:
- c. DOB:
- d. Current address:
- e. Attorney for Alternate Payee:

3. Facts

- a. Date of Marriage:
- b. Date of Divorce:
- c. Date of Division (if different for date of divorce):
- d. How is the plan to be divided—percentage, dollar amount or formula:
To Participant:
To Alternate Payee:

4. The Plan

- a. Complete name of Employer:
- b. Complete name of the Plan:
- c. Name of Plan Administrator:
- d. Address of Plan Administrator:
- e. Telephone number of Plan Administrator: