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Qualified Domestic Relations Order (QDRO) Information\*

**Participant:** \_\_\_\_\_ (your former spouse)

**Soc. Sec. #:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Participant's attorney (if known):** \_\_\_\_\_

**Participant's employment/pay status:** retired or disabled

separated from service but not retired or disabled

in service

**Your Name:** \_\_\_\_\_

**Soc. Sec. #:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date of marriage:** \_\_\_\_\_

**Date divorce action started:** \_\_\_\_\_

**Name of former spouse's Plan(s) or employer(s):**

**Who referred you to our firm?** \_\_\_\_\_ (optional)

\* Please return this sheet with a copy of your divorce decree and separation agreement and/or transcript of stipulation (if any). If the amount you receive is dependent on the value of any other Plan, please also return a copy of your most recent statement of the value of that other Plan.