Referred	By:	
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## **QDRO QUESTIONNAIRE**

1.	Your run name;
2.	Your Spouse's/Ex-Spouse's full name:
3.	Who is the Plaintiff:
4.	Which spouse owns the Pension:
5.	Your date of birth:
6.	Spouse's/Ex-Spouse's date of birth:
7.	Your Social Security Number:
8.	Spouse's/Ex-Spouse's Social Security Number:
9.	Your full mailing address:
10.	Spouse's/Ex-Spouse's full mailing address:
11.	Date of marriage:
12.	Date of divorce:
13.	State of Divorce litigation:
14.	Date of separation (If this is the date that the benefit is to be computed):
15.	<b>PLEASE ATTACH</b> a copy of the underlying <i>Order</i> or <i>Decree</i> , permitting the division of the account by Qualified Domestic Relations Order.
16.	Name of employer:
17.	Employer identification number for plan:
18.	Full name of plan, if other than above stated:

19.	Type of plan (defined benefit, defined contribution, etc.): (If this is a 401(k), 403(b), or annuity, you actually contribute money that was deposited into an account)
20.	What was the date of the first contribution:
21.	Based on years of service to date, the earliest date the employee could receive full retirement benefits:
22.	What are the employee's total years of service as a plan participant; and the exact dates of that participation:
23.	Were there any pre-marital contributions:  a. If so, what was the balance of the account on the date of marriage:  b. What was the average annual return on the account to from the date of marriage to the date of valuation. (Decree of Divorce/Separation):
24.	Normal retirement age:
25.	Early retirement age:
26.	<b>PLEASE ATTACH</b> a copy of the summary plan description, which must be furnished on request to a plan participant as required by 29 U.S.C. § 1024(b)(4) (ERISA § 104(b)(4)).
Cont	act information:
	Email:
	Phone: Land:
	Cell:
	Fax:

Please scan and email this form along with any other pertinent information to faith@willicklawgroup.com, fax (702) 438-5311, or mail to:

QDRO Masters c/o WILLICK LAW GROUP 3591 E. Bonanza Rd., Suite 200 Las Vegas, Nevada 89110-2101
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