

Referred By: \_\_\_\_\_

## QDRO QUESTIONNAIRE

1. Your Full Name: Mr. Ms. \_\_\_\_\_
2. Your Ex Spouse's Name: Mr. Ms. \_\_\_\_\_
3. Who is the Plaintiff? \_\_\_\_\_
4. Who owns the Pension? \_\_\_\_\_
5. Your Date of Birth: \_\_\_\_\_
6. Your Social Security Number: \_\_\_\_\_
7. Your Ex Spouse's Date of Birth: \_\_\_\_\_
8. Your Ex Spouse's Social Security Number: \_\_\_\_\_
9. Your Full Mailing Address:  
\_\_\_\_\_
10. Your Ex Spouse's Full Mailing Address:  
\_\_\_\_\_
11. Date of Marriage: \_\_\_\_\_
12. Date of Divorce: \_\_\_\_\_
13. In what state were/are you divorced/divorcing? \_\_\_\_\_
14. Date of Separation (or the date the benefit is to be computed): \_\_\_\_\_
15. **PLEASE ATTACH** a copy of the underlying Order or Decree 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 contribute money into an account
20. Date of first contribution: \_\_\_\_\_
21. Based on the years of service, the earliest date the employee could receive full retirement benefits: \_\_\_\_\_

22. Employee's total years of service as plan participant: \_\_\_\_\_ ;  
and the exact dates of that participation: \_\_\_\_\_
23. Were there any pre-marital contributions? YES NO  
If YES, what was the balance on the date of marriage? \_\_\_\_\_  
What was the average annual return on the account from the date of marriage to the date of valuation (divorce/separation)? \_\_\_\_\_
24. Has participant taken any loans or made any withdrawals, excluding withdrawals on termination of employment that the participant has completely repaid under Internal Revenue Code Section 411(a)(7)(C)? YES NO  
If YES, who is responsible for the loan?: \_\_\_\_\_
25. Are gains and losses to be applied to Ex Spouse's share? YES NO
26. Normal Retirement Age: \_\_\_\_\_
27. Early Retirement Age: \_\_\_\_\_

**Your Contact Information:**

E-mail address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Please scan and email this form along with any other pertinent information to:  
[kristina@willicklawgroup.com](mailto:kristina@willicklawgroup.com), Fax to: (702) 438-5311, or Mail to:

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