

ORDER CHECKLIST

(Use this Checklist to prepare a "QDRO" or "QUADRO," governmental "DRO," military "QCO" or any other related Domestic Relations Order.)

Instructions: This checklist will refer to the "Participant" as the employee participating in the retirement plan, and the "Alternate Payee" as the spouse seeking her/his share of the retirement plan benefits. Please answer as many questions as you can and provide as much information as possible. Don't hesitate to contact Mr. Beutler to assist you with this process. There is no additional charge for consultations.

Please copy this Word file, complete, and **email** to: stan@stanbeutlerjd.com, or **fax** to: (435) 634-1949, or **mail** to: Stan Beutler, Esq., 1832 N. Red Mountain Drive, Santa Clara, UT 84765, **phone**: (435) 634-1777, **web**: www.QDROHOME.com.

1. Please provide the following information about the Participant (Employee):

Name:

Address, City, State, Zip:

Telephone Number:

E-mail address:

Social Security Number:

Date of Birth:

2. Please provide the following information about the Alternate Payee (Spouse or Former Spouse of Employee):

Name:

Address, City, State, Zip:

Telephone Number:

E-mail address:

Social Security Number:

Date of Birth:

3. What is the date of divorce?

(We can still begin if not divorced)

4. What is the date of separation?

(We can still begin if not separated)

5. What is the date of marriage?

6. Please provide a copy of a plan statement or other plan correspondence, if available.
For IRAs or TSAs, please provide a statement that has the account number.

7. Please provide a copy of the cover page only of a court document that has your court information, i.e. name of court, case or index number, your names as they were listed in the court documents. ***

*(Note: *** We can still begin if you have not filed yet. Please call me to discuss.)*

8. Please provide a copy of the page(s) in your divorce decree or separation agreement that address the division of plan (or IRA) benefits.

9. **QDRO #1** Please provide the following information about the Employer:
(if an IRA, substitute "IRA" for "Employer")

Name of Employer:

Address, City, State, Zip of Employer:

Employer QDRO Contact:

Telephone Number:

E-mail Address:

Plan Name:

QDRO #2 (if applicable) Please provide the following information about the Employer:
(if an IRA, substitute "IRA" for "Employer")

Name of Employer:

Address, City, State, Zip of Employer:

Employer QDRO Contact:

Telephone Number:

E-mail Address:

Plan Name:

10. Please provide the following information about the Participant's employment history:
(not applicable for IRA QDROs)

Date Participant began employment (optional):

Date Participant terminated employment (optional):

Is Participant retired? () Yes () No

Is Participant currently receiving payments from the plan(s)? () Yes () No