

- Name, Address, Phone, E-mail, Fax, of the **Employer**:

Employer: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

- Name, Address, Phone, E-Mail, Fax of the **Plan Administrator**:

Administrator: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

- Time Period Applicable: Total time married
 Date during marriage employment began

- How are benefits to be split (detail): _____

Use a formula?

- Woodward Formula - percentage of marital portion of accrued benefit (pension only)
 Subtraction Method - percentage of total account balance earned during marriage (defined contribution plan, e.g., 401(k), only)
 Other (describe) _____

Should the Alternate Payee have survivorship rights to the benefits (for a Pension Plan)?

- Yes No

Should the Alternate Payee's benefit provide for inflationary protection (for a Pension Plan)?

Yes No

Should pro-rata cost-of-living adjustments be included for the Alternate Payee (for a Pension Plan)?

Yes No

Should the duration of benefits (for a Pension Plan) be based on the Alternate Payee's life expectancy or on the Participant's life expectancy?

Alternate Payee Participant

Is the Alternate Payee entitled to interest and earnings? From what date?

Yes (Date _____) No

Should the Alternate Payee's share be calculated without regard to any previous loans or withdrawals made by the participant?

Yes No

Include fee of \$495.00 (payment may be by check or credit card)

Amount to be charged: \$495.00

Credit Card No. _____ Exp. Date _____

SSC/CVV2 Security No. _____
(Usually found on reverse of card on white strip after card number)

Name on Card: _____

Card Holder Billing Address:

Card Billing Address

City State Zip

I hereby authorize Graham H. Norris, Jr. Attorney at Law, P.C. to debit my credit card specified above in the amount indicated. I certify that I am the authorized cardholder of said credit card. I am of age and permitted to enter into this agreement. I hereby confirm and acknowledge this transaction and agree to be bound by it.

Cardholder's Signature

Date

- Attach copy of decree of divorce signed by court**
- Attach QDRO packet or form from Plan Administrator, if any**
- Attach the Participant's most recent Annual Benefits Statement**
- Please feel free to call with any questions or concerns**

Send or Fax checklist and attachments to:

Graham H. Norris, Jr.	Phone:	(801) 932-1238
Attorney at Law, P.C.		
1329 South 800 East, Suite 243	Fax:	(801) 951-4915
Orem, UT 84097		
E-mail: graham@norrislawyer.com		

The information you provide on this checklist is confidential. Please complete the checklist as much as possible, to ensure faster processing. QDRO's may be prepared for divorces taking place in Utah, California, Idaho or Wyoming. You become my client when I provide you with a written fee agreement or accept your payment.

Once the information necessary to draft the QDRO is received, the following steps are followed:

1. The Plan Administrator is contacted to request the Plan Summary Document and QDRO Guidelines;
2. The QDRO is drafted;
3. The QDRO is submitted to the Plan Administrator to verify that it would be qualified;
4. Any necessary changes are made, based on the Plan Administrator's input;
5. The QDRO is sent to the ex-spouse for signature approving the QDRO 'as to form';
6. The QDRO is submitted to the Court;
7. A certified copy of the QDRO is submitted to the Plan Administrator for processing.

THANK YOU FOR YOUR BUSINESS