SIMPLY QDROs
Asset Transfers Made Simple

Domestic Relations Order Application

PARTICIPANT: (Owner of Retirement Account or Pension)

Name: _____

Social Security Number: _____

Date of Birth: _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Participant Attorney's Name: _____

Participant Attorney's Address: _____

Phone: _____ Email: _____

ALTERNATE PAYEE: (Spouse, Child, or Dependent Receiving Funds)

Name: _____

Social Security Number: _____

Date of Birth: _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Alternate Payee Attorney's Name: _____

Alternate Payee Attorney's Address: _____

Phone: _____ Email: _____

PRIVATE EMPLOYER RETIREMENT PLAN INFORMATION

(Please include a recent account or pension statement with completed application.)

Retirement Account #1

Plan Name [e.g., Amazon 401(k)]: _____

Employer Name: _____

Plan Administrator (e.g., Fidelity, Vanguard, etc.): _____

Retirement Account #2 (if needed):

Plan Name: _____

Employer Name: _____

Plan Administrator: _____

Retirement Account #3 (if needed):

Plan Name: _____

Employer Name: _____

Plan Administrator: _____

If a retirement account listed above relates to a pension plan (Defined Benefit Plan), please provide the following information, if available:

Participant/Employee Hire Date: _____ Still Employed? _____

Date of Termination: _____ Date of Retirement: _____

Is Participant currently receiving benefits from this plan? _____

If retired, did Participant elect survivor benefits for spouse? _____

FEDERAL OR STATE PENSION PLAN INFORMATION:

State Plans:

State: _____

State Agency where employed: _____

Retirement System (for SC Plans): SCRS? _____ PORS? _____

GARS? _____ JSRS? _____

Date of Hire: _____

Date of Retirement (if retired): _____

TERI Participant? _____ TERI Start Date? _____

If retired, was Survivor Annuity elected? _____ If so, which option? _____

Federal - CSRS/FERS (Civilian):

(Please include a pension statement, or estimate, with completed application.)

Federal Agency where employed: _____

CSRS#: _____ FERS#: _____

Date of Hire: _____

Date of Retirement (if retired): _____

If retired, was Survivor Annuity elected? _____

Federal - Military:

(If active, please email us your highest 36 base pay LES(s) up to your date of divorce. This is normally your most recent 36 statements. We will calculate your "High-36." If retired, please include your DD214 and a recent RAS.)

Branch (U.S. Army, USAF, etc.): _____ Date of Entry: _____

Rank on Date of Divorce (if active): _____

Creditable Time of Service on Date of Divorce (if active): Years _____ Months _____

Retirement Rank: _____ Date of Retirement: _____

THREE (3) ADDITIONAL REQUIRED DOCUMENTS:

- Separation or Divorce Order and Settlement Agreement
- Recent monthly/quarterly account statement or pension estimate
- Signed Fee Agreement (available at www.simplyqdros.com/services/)

Please email application and above documents to reed@simplyqdros.com.

If you have questions, please contact us at your convenience. We look forward to working with you.