

QDRO INTAKE QUESTIONNAIRE

Please return this sheet and copies or images of the following documents to me:

- *Copy or image of the **pages in the divorce decree or separation agreement that say how the retirement account is to be divided**. If it is easier, you can just include a copy of the entire separation agreement. (***This is the most important information to send to me, as soon as possible***)

- Copy or image of the **first page of a divorce court document** such as the separation agreement that identifies the court, case number, and your official names in the case.

- Copy or image of a **retirement plan statement** or other retirement plan correspondence. This helps me identify the exact name and other details of the retirement plan.

You can return these documents to me by any of these methods:

Email: juliarueschemeyer@msn.com

Fax: (413) 307-3768

Mail: Attorney Julia Rueschemeyer, 409 Main St #126, Amherst, MA 01002

1. Please provide the following information about the **Employee ("Plan Participant")**. This is the person whose retirement benefits are being divided.

Employee's Name:

Address

Street:

City:

State:

Zip Code:

Telephone Number:

E-mail address:

Social Security Number:

Date of Birth:

2. Please provide the following information about the **Alternate Payee**. This is the spouse or former spouse of the Employee. The Alternate Payee is the person who is being awarded some of the Employee's retirement benefits.

Alternate Payee's Name:

Address

Street:

City:

State:

Zip Code:

Telephone Number:

E-mail address:

Social Security Number:

Date of Birth:

3. What is the **date of divorce?**:
(Even if you are not yet divorced, the QDRO process can still be started)
4. What is the **date of marriage?**:

5. Employer Information.

Name of Employer:

Telephone and/or Fax Number for Human Resources:

E-mail Address for Human Resources:

6. **Retirement Plan Information.** In many cases, the name of the Retirement Plan is different from the name of the Employer.

Name of **Retirement Plan**:

Telephone and/or Fax Number:

E-mail Address:

Name of QDRO Contact Person, if known:

7. **If Participant has a traditional, defined benefit pension** (*not* a 401k, 403b, or savings type retirement account), please provide the following information about the Participant's employment history:

Date Participant began employment (if available):

Date Participant terminated employment (if applicable):

Is Participant retired? Yes No

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

Military Branch of Service:

Active

Guard or Reserve

Any further information, questions, or concerns that you would like me to know: