

How did you hear of our services? _____

QDRO QUESTIONNAIRE

1. Your full name: _____.
2. Your Spouse's/Ex-Spouse's full name: _____.
3. Who is the Plaintiff/Petitioner of the action: _____.
4. Your date of birth: _____.
5. Spouse's/Ex-Spouse's date of birth: _____.
6. Your Social Security Number: _____.
7. Spouse's/Ex-Spouse's Social Security Number: _____.
8. Your full mailing address: _____
_____.
9. Spouse's/Ex-Spouse's full mailing address: _____
_____.
10. Date of marriage: _____.
11. Date of divorce: _____.
12. State of Divorce litigation: _____.
13. Date of separation (If this is the date that the benefit is to be computed): _____.
14. **PLEASE ATTACH** a copy of the underlying *Order* or *Decree*, permitting the division of the account by Qualified Domestic Relations Order.
15. Name of employer: _____.
16. Employer identification number for plan: _____.
17. Full name of plan, if other than above stated: _____
_____.

18. Type of plan (defined benefit, defined contribution, etc.): _____.
(If this is a 401(k), 403(b), or annuity, you actually contribute money that was deposited into an account)
19. What was the date of the first contribution: _____.
20. Based on years of service to date, the earliest date the employee could receive full retirement benefits: _____.
21. What are the employee's total years of service as a plan participant _____; and the exact dates of that participation: _____.
22. 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:
- Original amount: \$ _____.
 - Date: _____.
 - Amount repaid: \$ _____.
 - Amount currently owed: \$ _____.
 - Interest rate: _____.
23. Normal retirement age: _____.
24. Early retirement age: _____.
34. How much was contributed to the account prior to the marriage: _____.
35. What was the average annual return on the account to the date of valuation. (Decree of Divorce/Separation): _____.
36. **PLEASE ATTACH** a copy of the summary plan description, which must be furnished on request to a plan participant as required by 29 U.S.C. § 1024(b)(4) (ERISA § 104(b)(4)).

Contact information:

Email: _____
 Phone: Land: _____
 Cell: _____
 Fax: _____

Please scan and email this form along with any other pertinent information to faith@willicklawgroup.com, fax (702) 438-5311, or mail to:

QDRO Masters c/o WILICK LAW GROUP
 3591 E. Bonanza Rd., Suite 200
 Las Vegas, Nevada 89110-2101