Q D R O S O U R C E

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Re: Outsource your QDROs

QDRO Source is dedicated to assisting the family law bar in the negotiation, drafting, and administration of Qualified Domestic Relations Orders. Bridging the netherworld between family, tax, pension and the ever-lurking Murphy's Law, the production of an effective QDRO requires specialized skills and experience.
At QDRO Source, we have that skill and experience.

Why should you choose QDRO Source?

- Expert - 35+ years of tax and pension experience
- Superb client service
- Timely - prompt (3 day turnaround), accurate service
- Cost effective - fair, up-front, flat fee structure; opportunity to value bill your client

Look to QDRO Source for your divisions of:

- IRC §401(a) plans (pension, 401(k), profit sharing)
- Federal Civil and Military plans,
- Individual Retirement Account/Annuity,
- Most state and local government plans (call)

QDRO Source offers a complete QDRO outsource service that includes: drafting, pre-approval, review of the Plan Administrator's Notice of QDRO to Participant and Alternate Payee, and necessary consultation through the process for $395.00. **In an effort to win your business and confidence in our services we offer a discount on the list price for new business—$295 for each of your firm's first two QDROs.**

This package contains:

- An overview of the process to request QDRO Source to prepare your document, including
  - ✓ Tips on simplifying your application (*Keeping it Simple*),
  - ✓ QDRO application form (*Form A*), use for all but military orders,
  - ✓ Request and Consent to Release Retirement Plan Information (*Form B*),
- Retirement Plan Asset Survey – Let QDRO Source gather the information on the plans,
- Application for military division order

I hope you will consider our services the next time any of your clients require a QDRO. I guarantee you will be totally satisfied with our services.

Robert Noble, JD

<u>Suggested procedures for requesting QDRO Source to conduct</u>
<u>Retirement Plan Asset Survey and/or prepare QDRO for client.</u>

(This is only a "Suggested Best Case" plan; if you need to modify it for your situation, please feel free to do so.)

A number of our clients have suggested a systemized "road map" approach would be helpful to simplify the QDRO request process. Toward that end, I have the following suggestions:

1. **<u>New cases using QDRO Source's "Retirement Plan Asset Survey" :</u>**
    a. Immediate action:
        i. Determine if division of a retirement plan is a possibility, if not, stop here.
        ii. In your temporary orders, require the opposing party to execute the "Request and Consent to Release Retirement Plan Information" (Form B),
        iii. In your initial or subsequent contact with the client, have he/she complete the Application for QDRO Preparation (Form A) and the Employment History (Form C),
        iv. Advise client that the fee for determining and analyzing retirement plan interests is $295. Each QDRO [one QDRO for each plan (not employer) to be divided] needed will be $395 (or $295 if your firm's introductory offer is unused).
        v. Secure payment of $295 fee for the Retirement Plan Asset Survey,
        vi. When completed Forms A, B & C are in hand, fax or email them and the case caption to QDRO Source,
        vii. Mail firm check for $295 to QDRO Source. For expedited service, call for credit/debit card pmt.
    b. QDRO Source will send to each identified employer a request for information about any deferred compensation plan in which the client's spouse may have been a participant. This request also serves as notice to the employer / plan administrator that a plan interest may be subject to division by QDRO and requests the plan administrator to place an administrative hold (if allowed by the plan's §414(p)(6)(B) procedures) on distribution of benefits pending completion of the divorce.
    c. When determined, advise QDRO Source of mediation, trial or other date to meet. Please understand that each file is processed as promptly as possible, this information is requested only to allow us to expedite as needed.
    d. Upon receipt of QDRO Source Report of Retirement Plan Assets, review and discuss any questions with RWN before negotiation, mediation or trial.
    e. Proceed with item 2, Existing cases.
2. **<u>Existing cases:</u>**
    a. Upon determination of need to divide retirement plan interest, provide QDRO Source as soon as possible by email or fax with:
        i. A completed Application for QDRO Preparation, Form A,
        ii. If possible, "Request and Consent to Release Retirement Plan Information", Form B, executed by participant spouse,
        iii. Caption of case,
        iv. Copy of mediation agreement or proposed division language (prefer both H&W),
        v. Any plan information available from the parties.

   b. Advise client that the preparation fee for each QDRO is $395. We prepare one QDRO for each plan (not employer) to be divided. You may prefer to address this information in your engagement conference and contract. Non-firm payments by cashier's check or money order only.

3. QDRO Source will reply regarding any additional information needed and the total fee required for QDRO preparation.
4. Upon receipt of all necessary information and payment, QDRO Source will prepare draft order and submit to Plan Administrator for review, cc to your office. If your time frame does not permit, please advise.
5. Upon approval by the Plan Administrator, QDRO Source will email (PDF format) your office:
   a. The final approved version of the order, our letter of instruction to you and a transmittal letter to send a certified copy of the order to the Plan Administrator.
   b. A copy of the order only for circulation to opposing counsel and parties.
6. Circulate the order for approval,
7. Submit to Court for entry and order a certified copy.
8. Mail the original certified copy to the plan administrator using the transmittal letter provided (5.a. above)
9. Advise QDRO Source of any subsequent correspondence from the Plan Administrator regarding the processing of the QDRO.

<u>At any point in this process, if a question arises, please contact us immediately.</u>

QDRO SOURCE

5602 Manchester Dr., Richardson, Texas 75082

FORM A **Application for QDRO Preparation**

For questions contact help@qdroSource.com or (866) 375-3611 Rev: 5.4.2010

- *For prompt completion of your documents, we need **all** the requested identification information (Parts II &- IV). To the extent this data is available in the documents provided, you need not enter it on this Application form. If this info is available on your Client Data Sheet, a copy is sufficient.*
- ***If your prefer, we can get this information directly from your client.***

PART I Requesting Counsel (if not included in the documents submitted)

Name	Firm	Street Address	City, State ZIP
Legal Assistant	Phone	Fax (	**Email**

PART II Your Client Information (if not included in the documents submitted)

Is this a Collaborative case? ☐ Yes ☐ No

1. Client Name (Current)	2. Name Changed to:	3. Street Address	4. City, State	5. Zip
6. Client is: ☐ Petitioner ☐ Respondent	7. SSN	8. Date of Birth (Month Day, Year)	optional 9. Phone # 10. Email	

PART III Spouse's Counsel (if not included in the documents submitted)

1. Name	2. Firm	3. Street Address	4. City	5. State
6. Zip	7. Phone	8. Fax	9. Email	

PART IV Spouse Information (if not included in the documents submitted)

2. Spouse's Name	2. Name Changed to:	3. Street Address	4. City, State	5. Zip
6. SSN	7. Date of Birth (Month Day, Year)	8. Date of Marriage (Month Day, Year)	9. Date Division is to be Effective	

PART V Alternate Payee's Preferred Disposition (subject to Plan provisions)

☐ Cash Distribution ☐ Separate Account in Plan ☐ Rollover to: ____________________ (Plan/IRA)

PART VI

Case #: Court: Court #: County / State:

PART VII Plan Information – List each plan for which a Spousal and/or Child Support QDRO is required

One QDRO will be prepared per Plan, per Alternate Payee.

If the complete employer/plan information is not available, please provide at least the employer's correct name and headquarter city (from IRS Form W-2) or a telephone number.

Participant is	Employer (Name, Address) (From IRS Form W-2)	Work prior to marriage?	Plan Name (From Summary Plan Description)	Plan Administrator (Name, Address, Contact) (From Summary Plan Description)
☐ **Client** ☐ **Spouse**		☐ **Yes** ☐ **No**		
☐ **Client** ☐ **Spouse**		☐ **Yes** ☐ **No**		

PART VIII

1. **Total QDROs Requested:**

Multiply Box 1 by $395.00 [Introductory offer: 1st two orders per firm - $295.00 each]
This is your Invoice.

Enclose Firm Check **Our work will not commence prior to receipt of payment**

2. **Total Due:**

I hereby request QDRO SOURCE to prepare each QDRO as outlined in this application *check one* (a) ☐ using the documents submitted herewith (b) ☐ I authorize and request QDRO SOURCE to secure any additional information or documents as described in the "Request Process" to prepare the QDRO (any administrator's fees will be paid directly by my firm). QDRO SOURCE will transmit the completed QDROs within 3 business days of receipt of all necessary information / documents (or plan approval of draft).

Signature	Your payment is in lieu of signature	Date	

When complete, click here to email to QDRO Source

REQUEST & CONSENT TO RELEASE RETIREMENT PLAN INFORMATION

Form B

(For help in completing this form email help@qdrosource.com or call (866) 375-3611)

Employee / Participant: ____

SSN: _________-______-______________

In accord with ERISA Advisory Opinion 79-82A (November 21, 1979), the above named Participant hereby requests and gives consent for any Employer, Plan Sponsor or Plan Administrator (or their representatives) to provide any and all information concerning any qualified or non-qualified retirement, profit sharing, pension, 401(k), 403(b), 457, ESOP, stock option, Section 125 or other deferred compensation plan benefits in which the Employee/Participant may have an interest to:

1. **Robert Noble, JD of QDRO Source**
2. ____, **counsel**
3. ____ **, counsel**

for the preparation of any required (Qualified) Domestic Relations Order to divide the Participant's benefits in the Plan(s).

Information for each applicable plan shall include, but not be limited to:

1. Providing copies of the Plan documents and Summary Plan Description.
2. Providing copies of written procedures adopted processing for QDROs and sample forms (if available).
3. Copies of current plan valuation, summary annual report and Form 5500.
4. Completion of the Plan Information Questionnaire (attached).
5. Review and pre-approval of proposed orders, if the plan customarily provides this service.

Thank you.

Signature of Employee / Participant: _X_________________________________

[Most Plan Administrators do not require the Participant's authorization to be notarized, however, if convenient, we request it in the event this plan may.]

State of _______________

County of _____________

On this day, __________________________ appeared before me, the undersigned notary and executed this *Request & Consent To Release Retirement Plan Information.*

Date: _______________

[Seal]

____
Notary Public

Rev: 8.10.2006

QDRO SOURCE

Employment History Information
(Form C- for RPAS only)

Client: ____________________ **Date of Marriage**____________

In order to determine your marital property rights in any retirement, 401(k), pension or deferred compensation plans, please complete the requested information for each employer for which your spouse worked during your marriage. This information can be found on the Form W-2, which should be attached to copies of your federal tax returns, Form 1040. Approximate dates are sufficient.

________________'s Employment History			Use additional sheets if necessary. Use a separate sheet for client spouse.
Current Employer:	EIN:	Begin:	End:
Address:	City, State ZIP:	Plan contact:	Phone:
Comment:			
Prior Employer:	EIN:	Begin:	End:
Address:	City, State ZIP:	Plan contact:	Phone:
Comment:			
Prior Employer:	EIN:	Begin:	End:
Address:	City, State ZIP:	Plan contact:	Phone:
Comment:			
Prior Employer:	EIN:	Begin:	End:
Address:	City, State ZIP:	Plan contact:	Phone:
Comment:			
Prior Employer:	EIN:	Begin:	End:
Address:	City, State ZIP:	Plan contact:	Phone:
Comment:			
Prior Employer:	EIN:	Begin:	End:
Address:	City, State ZIP:	Plan contact:	Phone:
Comment:			

REQUEST & CONSENT TO RELEASE RETIREMENT PLAN INFORMATION

Form B

(For help in completing this form email help@qdrosource.com or call (866) 375-3611)

Employee / Participant: ______________________________________

SSN: _________-______-______________

In accord with ERISA Advisory Opinion 79-82A (November 21, 1979), the above named Participant hereby requests and gives consent for any Employer, Plan Sponsor or Plan Administrator (or their representatives) to provide any and all information concerning any qualified or non-qualified retirement, profit sharing, pension, 401(k), 403(b), 457, ESOP, stock option or other deferred compensation plan benefits in which the Employee/Participant may have an interest to:

1. **Robert Noble, JD of QDRO Source**
2. _______________________________________, **counsel**
3. _______________________________________, **counsel**

for the preparation of any required (Qualified) Domestic Relations Order to divide the Participant's benefits in the Plan(s).

Information for each applicable plan shall include, but not be limited to:

1. Providing copies of the Plan documents and Summary Plan Description.
2. Providing copies of written procedures adopted processing for QDROs and sample forms (if available).
3. Copies of current plan valuation, summary annual report and Form 5500.
4. Completion of the Plan Information Questionnaire (attached).
5. Review and pre-approval of proposed orders, if the plan customarily provides this service.

Thank you.

Signature of Employee / Participant: _X___________________________________

[Most Plan Administrators do not require the Participant's authorization to be notarized, however, if convenient, we request it in the event this plan may.]

State of _______________

County of _____________

On this day, __________________________ appeared before me, the undersigned notary and executed this *Request & Consent To Release Retirement Plan Information.*

Date: _______________

[Seal]

____
Notary Public

QDRO SOURCE

Employment History Information
(Form C- for RPAS only)

Client: ____________________ **Date of Marriage**____________

In order to determine your marital property rights in any retirement, 401(k), pension or deferred compensation plans, please complete the requested information for each employer for which your spouse worked during your marriage. This information can be found on the Form W-2, which should be attached to copies of your federal tax returns, Form 1040. Approximate dates are sufficient.

______________'s Employment History		Use additional sheets if necessary. Use a separate sheet for client spouse.	
Current Employer:	EIN:	Begin:	End:
Address:	City, State ZIP:	Plan contact:	Phone:
Comment:			
Prior Employer:	EIN:	Begin:	End:
Address:	City, State ZIP:	Plan contact:	Phone:
Comment:			
Prior Employer:	EIN:	Begin:	End:
Address:	City, State ZIP:	Plan contact:	Phone:
Comment:			
Prior Employer:	EIN:	Begin:	End:
Address:	City, State ZIP:	Plan contact:	Phone:
Comment:			
Prior Employer:	EIN:	Begin:	End:
Address:	City, State ZIP:	Plan contact:	Phone:
Comment:			
Prior Employer:	EIN:	Begin:	End:
Address:	City, State ZIP:	Plan contact:	Phone:
Comment:			

QDRO SOURCE

5602 Manchester Dr., Richardson, Texas 75082

Application for Military Division Order Preparation

For questions contact help@qdrosource.com or (866) 375-3611 Rev.5.4.2010

PART I Requesting Counsel

Name	Firm	Street Address	City, State ZIP
Legal Assistant	Phone	Fax	**Email**

PART II Your Client Information (if not included in the documents submitted)

1. Client Name (Current)	2. Name Changed to:	3. Street Address	4. City, State	5. Zip
6. Client is: ☐ Petitioner ☐ Respondent	7. SSN	8. Date of Birth	Optional 9. Phone # 10. Email:	

PART III Spouse's Counsel (if not included in the documents submitted)

1. Name	2. Firm	3. Street Address	4. City	5. State
6. Zip	7. Phone	8. Fax	9. Email	

PART IV Spouse Information (if not included in the documents submitted)

2. Client Name (Current)	2. Name Changed to:	3. Street Address	4. City, State	5. Zip
6. SSN	7. Date of Birth	8. Date of Marriage	9. Date divorce is to be Effective	

PART V

Case #:	Court:	Court #:	County / State:

PART VI Basis of Domestic Relations Court Jurisdiction

	✕	**City**	County State			
Residence (non-assigned)						
Domicile						
Consent						

PART VII Armed Services Survivor Benefit Plan

Non-Member spouse is to be designated as beneficiary for ASSBP Yes / No

PART VIII Medical and Commissary Benefits

Non-Member spouse is eligible for Medical and Commissary Benefits Yes / No

PART IX Service Information – List each Spouse and Branch for which a division order is required

Serviceman or Servicewoman is	Branch	Date of Service		Rank / grade		If possible, please secure and provide a copy of the Form DD-218	Retired?	
		Beginning	Ending	Marriage	Divorce	Active / Reserve	Date	Currently Receiving Benefits?
☐ Client ☐ Spouse								☐
☐ Client ☐ Spouse								☐

PART X

Total QDROs Requested	1	Multiply Box 1 by $395.00 [Introductory offer: 1st two orders per firm - $295.00 each] This is your Invoice. **Enclose Firm Check** Our work will not commence prior to receipt of payment	2. **Total Due:**

I hereby request QDRO SOURCE to prepare each Military Division Order as outlined in this application. QDRO SOURCE will transmit the completed QDROs within 3 business days of receipt of all necessary information / documents.

Signature	✕	Date	