

QDRO Express Administration Form

(For Defined Benefit Plan)

Plan Name: _____

Plan #: _____

Participant Information:

Name: _____

Soc. Sec. No.: _____ - _____ - _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Date of Hire: ____/____/____

Employment Status: Active

Terminated Vested on _____

Retired on _____

If Retired, Form of Payment Option:

Life Only

50% J&S

Other _____

Alternate Payee Information:

Name: _____

Soc. Sec. No.: _____ - _____ - _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Relationship to Participant: _____

(spouse, former spouse, child)

Amount Payable to Alternate Payee:

50% of Coverture (Marital Fraction)¹

“Numerator” based on: Specified No. of Months: _____
 Service : From: _____ to _____

“Denominator”: Total Service as of earlier of Employee’s Retirement or Alternate Payee’s Commencement

_____% of Accrued Benefit as of _____

\$_____ of Participant’s Age 65 Accrued Benefit²

Other: _____

Type of QDRO:

Separate Interest over “Alternate Payee’s” Life (Actuarially Adjusted)

Shared Payment over “Participant’s” Life

Retiree in Pay Status

Commencement Date:

If Participant Active or Terminated Vested:

At Alternate Payee’s election, on or after Participant’s Earliest Retirement Age

Alternate Payee must wait for Participant to retire

If Participant already Retired:

Start on _____ (date withholding began)

As soon as administratively feasible following approval of QDRO

Other: _____

¹ Based on Participant’s accrued benefit as of earlier of Employee’s retirement or Alternate Payee’s commencement date.

² Specified dollar amount is to be further adjusted by any actuarial equivalency adjustments or applicable early commencement reduction factors.

Pre-Retirement Survivorship (“QPSA”):

<input type="checkbox"/> N/A: None Specified
<input type="checkbox"/> Yes, but only “to the extent of” Alternate Payee’s Assigned Interest
<input type="checkbox"/> Yes, but only that portion which is attributable to Participant’s Accrued Benefit as of _____
<input type="checkbox"/> Yes, but only that portion which is attributable to the “Marital Portion” of Participant’s entire Accrued Benefit (when coverture approach utilized)
<input type="checkbox"/> Yes, for the entire QPSA
<input type="checkbox"/> Other: _____

Post-Retirement Survivorship (“QJSA”):

<input type="checkbox"/> N/A: None Specified
<input type="checkbox"/> Yes, but only “to the extent of” Alternate Payee’s Assigned Interest
<input type="checkbox"/> Yes, but only that portion which is attributable to Participant’s Accrued Benefit as of _____
<input type="checkbox"/> Yes, but only that portion which is attributable to the “Marital Portion” of Participant’s entire Accrued Benefit (when coverture approach utilized)
<input type="checkbox"/> Yes, for the entire QJSA
<input type="checkbox"/> Other: _____

Other QDRO Entitlements for the Alternate Payee:

<input type="checkbox"/> Post-Retirement COLA Increases, pro-rata share
<input type="checkbox"/> Early Retirement Subsidy, pro-rata share
<input type="checkbox"/> Other: _____

Form Completed by: _____ Date: _____

Form Verified by: _____ Date: _____