

QDRO Express Administration Form

(For Defined Contribution 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: ____/____/____

Date of Termination (if applicable): ____/____/____

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 Assigned to Alternate Payee:

\$ _____ as of ____ / ____ / ____ ("Determination Date")
_____ % of Account Balance as of ____ / ____ / ____ ("Determination Date")

Investment Gains/Losses:

Accrued Dividends/Gains/Losses will be calculated from "Determination Date".
 Frozen as of "Determination Date". (No dividends/gains/losses will apply until "separate account" is established for alternate payee.)

Loans:

Not Applicable
 A/P's share based on total account balance "prior" to subtracting loan fund.
 A/P's share calculated "after" loan fund is subtracted.

Allocation:

From Participant's Account(s):
 Pro-Rata from all Investment funds and Sources
 Other _____

Alternate Payee:
 Mirror Investments as segregated.
 Other _____

Form Completed by: _____ Date: _____

Form Verified by: _____ Date: _____