

QDRO

CONSULTANTS COMPANY

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Present Value Request

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Traditional Report | <input type="checkbox"/> Social Security – Spousal | <input type="checkbox"/> Update Report | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> State/Government/Military Report | <input type="checkbox"/> Social Security - individual | <input type="checkbox"/> Additional Date | <input type="checkbox"/> Vacation/Sick Leave |
| <input type="checkbox"/> Passive Growth Analysis | <input type="checkbox"/> Horizon Report | <input type="checkbox"/> Additional Assumption | <input type="checkbox"/> Excess Survivorship |
| <input type="checkbox"/> Testimony Retainer | | | |

Prepayment Enclosed: (Please see fee schedule) \$ _____

1. Requesting Attorney Information:

Name: _____
Address: _____
Phone: (____) _____
Fax: (____) _____
Email: _____

2. Plan Participant Information:

Name: _____
Social Security Number: _____ - _____ - _____
Date of Birth: ____/____/____ Gender: Male Female
Date of Marriage: ____/____/____ Last date of acquisition of marital assets: ____/____/____
Date of Hire: ____/____/____ Date of Termination (if applicable): ____/____/____
Hearing Date: ____/____/____
Employment Status: Active Terminated Vested Retired
Health Status: Healthy Disabled: No Soc. Sec. Disabled: Yes Soc. Sec.
For Retirees: Spouse Date of Birth: ____/____/____ Retirement Option: J&S% _____
For Military Employees: Branch: _____
Status: Active Reserve Retired Civilian working for Military
Rank: _____ Pay Grade: _____ Service/Points: _____

3. Employer Information: (as available) *For government employees please indicate place participant reports for work.*

Company Name: _____
Address: _____
Phone: (____) _____
Contact: _____
Name of Plan(s): _____

*** Also, please complete attached limited authorization form. ***