

QDRO Submittal Form for

Participant Information:

Name: _____

SS#: _____ - _____ - _____

Participant's Plan(s) of Coverage:

Employment Status and Plan Information:

Active Terminated (Vested) on ____/____/____

Retired on ____/____/____

Benefit Form if Retired:

Life-Only 50% J&S Other: _____

DC Plan Balance: \$ _____ as of _____

Outstanding Loan Balance: \$ _____ Not Applicable

"Freeze" on Retirement Benefits:

Draft Order: Six-month Freeze Placed on ____/____/____

Executed Order: Indefinite Freeze Placed on ____/____/____

Special Instructions:

This form was completed by: _____ Date: _____