

QDRO "Hold" Form

Purpose of Form: Upon receipt of Qualified Domestic Relations Order, QDRO Consultants Co. will submit this QDRO "Hold" Form to _____ in order to place a "freeze" on the participant's account(s).

Participant Name: _____

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

Place "**freeze**" on the following plan(s):

Plan Name: _____ Plan #: _____

Plan Name: _____ Plan #: _____

Faxed to: _____ at _____ on ____/____/____ By: _____

E-mailed to: _____ at _____ on ____/____/____ By: _____

Confirmation To Be Completed By Representative of _____:

1. Date "**freeze**" placed on participant's plan(s): ____/____/____

2. Name of _____ representative that placed "**freeze**":

Print Name: _____ Signature: _____

(Please return to QDRO Consultants Co. to confirm placement of "freeze"