



PLEASE NOTE THE FOLLOWING

WHEN SUBMITTING PROGRAM FORMS

- Use **only one** of the following methods of delivery:

By Mail:

ABA Retirement Funds Program
P.O. Box 5142
Boston, MA 02206-5142

By Overnight Delivery:

ABA Retirement Funds Program
30 Braintree Hill Office Park
Braintree, MA 02184

By Email: ProgramForms@voyaplans.com

- If you are emailing a form, **DO NOT** mail the original, or the transaction will be processed twice.
- Email only **one** form at a time unless the forms are related and for the same participant, in the same plan.
- Forms received in good order via email **by 1 p.m. Eastern time** on a business day are considered to be received on that day. Forms received electronically after 1 p.m. Eastern time will be considered to be received on the next business day.
- Please do not "cc" any other email addresses when sending a form to the Program by email, as this causes the email to abort.
- The email should include a single document as an attachment, which does not require access to an external portal or link.
- There should be no instructions in the body of the email; the form should contain any additional instructions.

FORMS THAT CANNOT BE ACCEPTED VIA EMAIL

- If the form is being submitted to claim the assets in a deceased participant's account, the form and a certified copy of the death certificate **must be mailed** or sent by overnight delivery.
- If spousal consent is required, and the witness is a notary, the form **must be mailed** or sent by overnight delivery so that the notary seal can be confirmed.

Forms submitted in any other manner will be considered to be received "not in good order," which may cause a delay in processing the item.

Thank you for your cooperation so that we can best service your plan.

Note: after your email is received by the transaction processing group, you'll receive an auto reply with a "Task" confirmation number. If you do not receive an auto reply, please contact us. Plan Administrators should call 800.752.6313. Participants should call 800.348.2272.



QUALIFIED DOMESTIC RELATIONS ORDER REVIEW SHEET

ABA Retirement Funds Program ("the Program")
 P.O. Box 5142 • Boston, MA 02206-5142

Plan Administrator Line: 800.348.2272
 Website: www.abaretirement.com

The Plan Administrator completes and signs this form to authorize the trustee to establish an account for an alternate payee. A separate review sheet must be completed for each plan to which the order applies. Please attach a copy of the order to each worksheet. If the order specifies immediate payout, a Distribution Request Form may be submitted simultaneously. The Distribution Request Form must be properly completed by the alternate payee and submitted to the Program for processing.

1. EMPLOYER INFORMATION

Program Plan Number: _____ Employer Tax ID Number: _____ - _____ IRS Plan Number: _____

Employer's Name: _____ Employer's Business Phone Number: (____) _____ - _____

2. PARTICIPANT INFORMATION

Participant's Name: _____ Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____ Is the Participant still employed at the firm? Yes No

Participant's Primary Residence: _____
 (MAXIMUM OF 30 CHARACTERS EACH LINE)

City: _____ State: _____ Zip Code: _____

3. ALTERNATE PAYEE INFORMATION

Alternate Payee's Name: _____ Social Security Number: _____ - _____ - _____

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

Alternate Payee's Primary Residence: _____
 (MAXIMUM OF 30 CHARACTERS EACH LINE)

City: _____ State: _____ Zip Code: _____

4. AMOUNT TO BE HELD FOR ALTERNATE PAYEE

Dollar amount or percentage specified in the domestic relations order: _____ * Date of Determination: ____/____/____

Do not include earnings from the date of determination to the date the alternate payee's account is established.

Indicate below the dollar amount or percentage to be held from each investment option (if specified in the order). If no investment option is specified, amounts will be split pro-rata from available investment options, except a Self-Directed Brokerage Account.

| INVESTMENT OPTION | \$ AMOUNT OR WHOLE % (PLEASE SHOW \$ OR % SYMBOL) | INVESTMENT OPTION | \$ AMOUNT OR WHOLE % (PLEASE SHOW \$ OR % SYMBOL) |
|-------------------|--|-------------------|--|
| 1. _____ | _____ | 4. _____ | _____ |
| 2. _____ | _____ | 5. _____ | _____ |
| 3. _____ | _____ | 6. _____ | _____ |

* Unless otherwise specified, loan balances are included in the participant's balance, but excluded from the transfer of assets.

5. EMPLOYER DIRECTION

I hereby certify that this domestic relations order is a "Qualified Domestic Relations Order (within the meaning of section 414(p) of the Internal Revenue Code of 1986)," and I hereby direct the Program to set up an account for the alternate payee(s) as indicated in this form.

I understand that the Program is relying on this Direction for legal entitlement to the assets in this account as prescribed above. All information in this Direction is true to the best of my knowledge and belief.

I agree to hold harmless the Program, and shall indemnify the Program against any and all third party actions, suits, claims or liability arising from the representations contained in this Direction.

I understand that if there are any discrepancies between the terms of the QDRO and the representations made in this Direction, then the terms of this Direction shall be binding.

The representations in this Direction are true and correct to the best of my knowledge.

SIGNATURE OF AUTHORIZED PLAN REPRESENTATIVE ON BEHALF OF THE EMPLOYER

DATE