



# QUALIFIED DOMESTIC RELATIONS ORDER REVIEW SHEET

ABA Retirement Funds Program ("Program")  
 P.O. Box 990073 • Hartford, CT 06199

Plan Administrator Line: 800.752.6313  
 Website: 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 maintain a copy of the QDRO for your records. 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

Daytime Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Participant's Email: \_\_\_\_\_

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

Address Line 2: \_\_\_\_\_

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)

Address Line 2: \_\_\_\_\_

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 % <small>(PLEASE SHOW \$ OR % SYMBOL)</small>	INVESTMENT OPTION	\$ AMOUNT OR WHOLE % <small>(PLEASE SHOW \$ OR % SYMBOL)</small>
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**

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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.

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SIGNATURE OF AUTHORIZED PLAN REPRESENTATIVE ON BEHALF OF THE EMPLOYER

DATE