

## 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 990073  
Hartford, CT 06199

**By Overnight Delivery:**

ABA Retirement Funds Program  
One Orange Way  
Windsor, CT 06095

**By Email: [ProgramForms@voyaplans.com](mailto:ProgramForms@voyaplans.com)**

- If you are emailing a form, **DO NOT** mail the original, or the transaction will be processed twice.
- Email only one request (in most cases just one form) at a time per a plan, per a participant. Also only one disbursement or loan request should be submitted per a business day
- 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.
- If you are going to password-protect the form, please use only "abafunds" or "Abafunds\*1."

### 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 ("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 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

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