

NORTH STAR

Q D R O

290 Garretson Ave., Apt. 1. Staten Island, NY 10305 (718) 303-0753 info@northstarqdro.com

Intake Sheet

For Internal Use ONLY-
Att. I.D. _____
Case Number: _____
Case I.D. _____

MARITAL INFORMATION: Please use the format mm,dd,yyyy for all dates

Commencement date of Employment ____/____/____

Date of Marriage: ____/____/____

Asset cut-off Date (Summons Date) ____/____/____

Date of Divorce: ____/____/____

Participant: *“The Employee or former employee of an organization who is or may become eligible to receive a benefit of any type.”*

Name: _____ D. O. B : ____/____/____

SS: ____/____/____ Gender: M / F

Current Address: _____

Attorney Name: _____

Email Address: _____

Relationship to Alternate Payee: FS (former spouse), P (parent), O (other)

Alternate Payee: *“The Spouse, former spouse, child, or “other dependent,” of a Participant who has a right to receive all or portion of, the benefits payable to the Participant, as determined by statute and divorce proceedings.”*

Name: _____ D. O. B- : ____/____/____

SS: ____/____/____ Gender: M / F

Current Address: _____

Relationship to Participant: FS (former spouse), P (parent), O (other)

Attorney Name: _____

Email Address: _____

RETIREMENT PLAN INFORMATION:

Plan Type: Defined Contribution Plan (Profit sharing, 401(k), stock bonus plan), Defined Benefit Plan

Plan Sponsor (employer): _____

Plan Name (Full Name): _____

Plan Address: _____

NOTE: Please Attach a copy of your Divorce Stipulation.

Additional Comments: _____