



Domestic Relations Order Application

PARTICIPANT: (Owner of Retirement Account or Pension)

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Participant Attorney's Name: \_\_\_\_\_

Participant Attorney's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

ALTERNATE PAYEE: (Spouse, Child, or Dependent Receiving Funds)

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Payee Attorney's Name: \_\_\_\_\_

Alternate Payee Attorney's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

PRIVATE EMPLOYER RETIREMENT PLAN INFORMATION

(Please include a recent account statement or pension estimate with completed application.)

Retirement Account #1

Plan Name [e.g., Amazon 401(k)]: \_\_\_\_\_

Employer Name/Plan Sponsor: \_\_\_\_\_

Plan Administrator (e.g., Fidelity, Vanguard, etc.): \_\_\_\_\_

Retirement Account #2 (if needed):

Plan Name: \_\_\_\_\_

Employer Name/Plan Sponsor: \_\_\_\_\_

Plan Administrator: \_\_\_\_\_

If a retirement account listed above relates to a pension plan (Defined Benefit Plan), please provide the following information, if available:

Participant/Employee Hire Date: \_\_\_\_\_ Still Employed? \_\_\_\_\_

Date of Termination: \_\_\_\_\_ Date of Retirement: \_\_\_\_\_

Is Participant currently receiving benefits from this plan? \_\_\_\_\_

If retired, did Participant elect survivor benefits for spouse? \_\_\_\_\_

FEDERAL OR STATE PENSION PLAN INFORMATION:

State Plans:

State: \_\_\_\_\_

State Agency where employed: \_\_\_\_\_

Retirement System (for SC Plans): SCRS? \_\_\_\_\_ PORS? \_\_\_\_\_

GARS? \_\_\_\_\_ JSRS? \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Date of Retirement (if retired): \_\_\_\_\_

TERI Participant? \_\_\_\_\_ TERI Start Date? \_\_\_\_\_

If retired, was Survivor Annuity elected? \_\_\_\_\_

If so, which option? \_\_\_\_\_

Federal - CSRS/FERS (Civilian):

Federal Agency where employed: \_\_\_\_\_

CSRS#: \_\_\_\_\_ FERS#: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Date of Retirement (if retired): \_\_\_\_\_

If retired, was Survivor Annuity elected? \_\_\_\_\_

Federal - Military:

**(Please include a recent RAS with completed application.)**

Branch (U.S. Army, USAF, etc.): \_\_\_\_\_

Retirement Rank: \_\_\_\_\_

Date of Entry: \_\_\_\_\_

Date of Retirement: \_\_\_\_\_

Was the Survivor Benefit Plan elected at retirement? \_\_\_\_\_

REQUIRED DOCUMENTS:

\_\_\_\_\_ Settlement Agreement and/or Divorce Decree

\_\_\_\_\_ Most recent monthly/quarterly account statement or pension estimate

\_\_\_\_\_ Signed Fee Agreement (available at [www.simplyqdros.com/services/](http://www.simplyqdros.com/services/))

Please email application and above documents to [reed@simplyqdros.com](mailto:reed@simplyqdros.com).

If you have questions, please contact us at your convenience. We look forward to working with you.