

To:

RE: Participant:

SS#:

Date of Birth:

PROFIT SHARING, PENSION PLAN  
AND RETIREMENT ACCOUNT AUTHORIZATION

Consent is hereby given you to provide \_\_\_\_\_ with a current and, if requested, yearly summary of my plan and subsequent changes and any and all of the following information required concerning any profit sharing plan, pension plan, or retirement account in which I have any right, title, or interest as required by ERISA. The information you will provide will be used to determine if my pension benefits, and the value, should be offset against other assets or divided under a court order. Therefore, it is important that the following questions be answered completely and accurately. Space has been made available for more than one plan as indicated by the circles one through four.

\_\_\_\_\_  
Plan Participant's Signature

1. Name of Employing Entity: \_\_\_\_\_
2. Name of each plan for which the Participant above participates in:
 

Plan #1
#2
#3
#4
3. Name & Address of Plan Administrator(s):
 

#1
#2
#3
#4
4. Type of Plan (Def. Benefit, Def. Contr., Money Purchase, Etc.):
 

#1
#2
#3
#4
5. Date Employee began participating? Plan #1) \_\_\_\_\_ Date of Employment? \_\_\_\_\_
 

#2
#3
#4
6. If Defined Benefit Plan, what is the Normal & Early Retirement Age(s)? \_\_\_\_\_ & \_\_\_\_\_
 

#1
#2
#3
#4
7. If Defined Benefit Plan, what is the accrued LIFE-ONLY #1 (defined benefit plan)
 

monthly benefit, not projected, beginning at the normal and early retirement ages? #2
#3

\$ _____
\$ _____

*Please do not include "projected" benefits. Only those benefits accrued to date or as of \_\_\_\_\_ Date of Marriage are required. e.g. assuming the participant would terminate employment.*

8. Are cost-of-living-adjustments (COLA) made to the benefit(s) each \_\_\_\_\_ Yes \_\_\_\_\_ No year?  
 a.) Statutory? \_\_\_\_\_ Yes, \_\_\_\_\_ No  
 b.) based on CPI? \_\_\_\_\_ Yes, \_\_\_\_\_ No
9. If yes, what is the average COLA applied to retirement Benefits each \_\_\_\_\_ % year?  
 Plan #\_\_ Plan #\_
10. Is there a provision, (e.g. 30&out, 25& out, rule) when the employee participant could retire?  
 If so, at what age or date, state the benefit (e.g. full retirement benefit, reduced) #\_\_ #\_
11. Is there a supplemental benefit payable until the Participant commences Social Security? \_\_\_\_\_  
 Plan #\_\_ #\_\_
12. If necessary, can an accrued monthly benefit if defined benefit plan, or \_\_\_\_\_ Yes contributions with interest if DC plan, be determined since the date of marriage? \_\_\_\_\_ No
- \*13 In yes to No. 12, what is the accrued monthly benefit, or \_\_\_\_\_  
 contributions made w/interest & gains, since \_\_\_mo \_\_\_day \_\_\_yr \$ \_\_\_\_\_  
 #1 #2 #3 #4

**Defined Contribution Plan(s) / Money Purchase Plan(s)**

14. Date Employee began participating or contributing to the def. contribution plan? #1 \_\_\_\_\_  
 #2 #3 #4
15. Employee contributions made to date: Plan #1 \$ \_\_\_\_\_ #2 \$ \_\_\_\_\_  
 #3 \$ \_\_\_\_\_ #4 \$ \_\_\_\_\_
16. Employee contributions accumulated with interest to date: #1 \$ \_\_\_\_\_  
 #2 \$ \_\_\_\_\_ #3 \$ \_\_\_\_\_ #4 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_
17. Employer contributions made to date: #1 #2 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 #3 \$ \_\_\_\_\_ #4 \$ \_\_\_\_\_
18. Total Contributions accumulated with interest to date: #1 \$ \_\_\_\_\_ #2 \$ \_\_\_\_\_  
 #3 \$ \_\_\_\_\_ #4 \$ \_\_\_\_\_
19. Current total account balance ( if any): #1 #2 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 #3 \$ \_\_\_\_\_ #4 \$ \_\_\_\_\_

*Following pertains to all plans listed*

20. Valuation Date(s) (if not daily or monthly): #1 #2 #3 #4  
 \_\_\_\_\_  
 \_\_\_\_\_
21. Current vested interest: #1 \$ \_\_\_\_\_ #2 #3 #4  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
22. Vested percentage: #1 \_\_\_\_\_ % #2 \_\_\_\_\_ % #3 \_\_\_\_\_ % #4 \_\_\_\_\_ %  
 %
23. If not vested, date vesting will begin: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4  
 \_\_\_\_\_
24. What is the number of years required for an employee to be 100% vested? #2  
 #1

25. Amount of the current plan that remains non-vested and the value thereof: #1  
 #2 #3 #4
26. Earliest date employee is eligible to retire and receive early retirement #1  
 benefits:  
 #2 #3 #4
27. Amount of early retirement benefit, if any: Plan # Plan #
28. Is there an outstanding loan to the participant? Plan # \_\_\_\_\_ Yes \_\_\_\_\_  
 No \_\_\_\_\_
- Amount repaid, if any: \$ \_\_\_\_\_
- Amount currently owed: \$ \_\_\_\_\_
29. Amount currently available for loan or withdrawal? \$ \_\_\_\_\_

*Note to the Attorney and/or Participant, please insert date of marriage above*

Comments:

30. If, or pertaining to defined contribution plan(s), please attach or enclose a history of transactions, contributions, withdrawals, or allocations prior to the above date in Question #13. (Date of Marriage)

**Questions relating to division by Court Order (e.g., Qualified Domestic Relations Order)**

31. Is this plan subject to division by way of a Qualified Domestic Relations Order or Qualified Court Order? #1 \_\_\_\_\_ Yes \_\_\_\_\_ No #2 #3 #4
32. Is there a current alternate payee pursuant to a prior Qualified Domestic Relations Order? (If yes, please attach a copy of the order) #1 \_\_\_\_\_ Yes \_\_\_\_\_ No #2 #3
33. If the plan(s) is subject to division by way of a Qualified Domestic Relations Order, have you developed any procedures, policies, or forms with respect to the drafting of a QDRO? (If yes, please furnish copies of such procedures, policies, and/or forms) #1 \_\_\_\_\_ Yes \_\_\_\_\_ No  
 #2 \_\_\_\_\_ Yes \_\_\_\_\_ No  
 #3 \_\_\_\_\_ Yes \_\_\_\_\_ No  
 #4 \_\_\_\_\_ Yes \_\_\_\_\_ No
34. If the plan(s) is subject to division by QDRO, does the plan allow for an immediate lump-sum distribution to an alternate payee? #1 \_\_\_\_\_ Yes \_\_\_\_\_ No  
 #2 \_\_\_\_\_ Yes \_\_\_\_\_ No  
 #3 \_\_\_\_\_ Yes \_\_\_\_\_ No  
 #4 \_\_\_\_\_ Yes \_\_\_\_\_ No
35. If not within a reasonable time after a QDRO or otherwise has been entered, when is the Alternate Payee eligible for a distribution? #1 #2  
 #3 #4
36. Can an amount, defined contribution plan or otherwise, be awarded which would exceed 50%? \_\_\_\_\_ Yes \_\_\_\_\_ No

37. If a defined benefit plan, can the Alternate Payee be awarded an independent interest, ie. separate interest? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 (Benefit payable over the life of the Alternate Payee independent of the participant's life expectancy)
38. If an independent interest is not possible under the terms and condition of the plan(s), can the Alternate Payee be named as a survivor to:
- a.) post-retirement survivor benefit \_\_\_\_\_ Yes \_\_\_\_\_ No
  - b.) pre-retirement survivor benefits \_\_\_\_\_ Yes \_\_\_\_\_ No
  - c.) pre-retirement survivor annuity \_\_\_\_\_ Yes \_\_\_\_\_ No
  - d.) lump-sum death benefit \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments:

39. If an independent interest is possible under the terms and conditions of the plan, is it possible to secure or grant pre-retirement survivor benefits? (i.e. if the Participant predeceases his/her retirement would the Alt. Payee receive their awarded portion over Alt. Payee's life?) \_\_\_\_\_ Yes \_\_\_\_\_ No
40. If an independent interest is possible under the terms and conditions of the plan, will the Alternate Payee receive her awarded share of the retirement benefit regardless of the survival of the Participant before/after retirement? \_\_\_\_\_ Yes \_\_\_\_\_ No
41. Would the Participant be eligible for any early retirement supplement? \_\_\_\_\_ Yes \_\_\_\_\_ No
- a.) supplement payable only until social security commences? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - b.) would the monthly benefit be reduced or adjusted in any way when social security commences? \_\_\_\_\_ Yes \_\_\_\_\_ No
42. If the Participant receives disability pay in lieu of retirement pay, will the plan allow the alternate payee to receive a portion of the disability pay? \_\_\_\_\_ Yes \_\_\_\_\_ No
43. Does the Plan(s) offer any other form or type of subsidy? \_\_\_\_\_ Yes \_\_\_\_\_ No
44. Would the Alternate Payee be entitled to any such subsidized benefit should it be addressed in the QDRO? \_\_\_\_\_ Yes \_\_\_\_\_ No
45. Are contingent Alternate Payees permitted to be named in a QDRO, or can the A/P name a beneficiary to their portion? \_\_\_\_\_ Yes \_\_\_\_\_ No
46. Are early retirement benefits made available to a terminated employee under the plan(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No
47. Is the Plan Participant Retired at this time (i.e. is the plan in pay status?) \_\_\_\_\_ Yes \_\_\_\_\_ No
48. If yes to question 47, please indicate the survivor election \_\_\_\_\_

made and the name of the survivor/beneficiary. \_\_\_\_\_

49. Are there any other plans, terminated, frozen, or otherwise, that the participant is, or may have, an accrued benefit in which may have resulted in a merger, acquisition, or the creation of a new plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

50. If the answer to No. 49 is yes, please provide the name of the plan, and the name and telephone number of the plan administrator.  
\_\_\_\_\_  
\_\_\_\_\_

51. Name of each plan employee has been a participant in since their initial date of employment:  
\_\_\_\_\_

52. Is the employee an active participant in any stock option, executive deferred compensation, equity participation plan or program? \_\_\_\_\_ Yes \_\_\_\_\_ No

53. Does the employee participant or named individual (page 1) have ownership equity in the company for which he is employed. \_\_\_\_\_ Yes \_\_\_\_\_ No

54. As of what date is this information current? \_\_\_\_\_, \_\_\_\_\_

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ TELEPHONE \_\_\_\_\_ No: \_\_\_\_\_

**Please attach a copy of the summary plan description** which upon request must be furnished to plan participant as required by the Pension Reform Act of 1974

Mail to: