

_____ [insert name of plan]

QUALIFIED DOMESTIC RELATIONS CHECKLIST

Personal Information

Company Name

Participant Name

Participant's Social Security #

Phone Number and E-Mail Address of Participant

Name of Putative Alternate Payee

Social Security #

Relationship of Putative Alternate Payee to Participant as specified in order

Answer each question with respect to the Order received.—If Any question is answered No, the order should either be rejected or undergo further review.

1. Does the Order clearly state that it applies to this Plan?
 Yes No
2. If the name of the Plan as specified in the Order is incorrect, can the Plan still clearly determine the plan to which it applies?
 Yes No
3. Does the Order clearly appear to have been issued by a court?
(If the Order is currently in draft form, answer based upon the manner in which the Order is drafted, i.e., is the Order drafted to be signed by a court of competent jurisdiction)
 Yes No