DOMESTIC RELATIONS ORDER DATA SHEET Law Office of Elizabeth L. McMahon 206 Meadow Street Branford, Connecticut 06405 www.ctqdros.com

Date of Divorce	Date of Marriage
Name	
	hat is the name granted by the court:
Street address	
City, state, zip code	
Social Security number	date of birth
Phone number ()	e-mail*
	l of the status of your file by e-mail rather than US mail. Please print ill not send your Social Security number or date of birth by e-mail.
Divorce Attorney's name	
Phone number ()	fax number ()
-	DIVIDED, PLEASE FILL OUT THE FOLLOWING:
Plan name(s):	
Plan contact person (phone number w/area code	and address)
Is the plan participant (employee) still employee	d by the company that sponsors this plan? Yes No
Is the plan participant retired and currently rece	iving payments from this Plan? Yes No
If a Savings Plan is being divided, is the plan pa	articipant 100% vested? Yes No
If a Savings Plan is being divided, are there any	loans outstanding? Yes No
date of birth, and phone number will Administrator (it is required). The addendur	e as well as in the QDRO. Your address, Social Security number, appear in an addendum that will be provided to the Plan n will be attached to the final QDRO when it is circulated to each urty to review and sign.

IF <u>FOR SAFETY REASONS</u> ANY OF YOUR PERSONAL INFORMATION SHOULD NOT BE SHARED WITH YOUR FORMER SPOUSE, YOU MUST LET US KNOW IMMEDIATELY!