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**DEFINED BENEFIT PLAN / TRADITIONAL PENSION PLAN QUESTIONNAIRE**

Name of Employee/Retirement Plan Participant: \_\_\_\_\_

Name of the Employer: \_\_\_\_\_

Full Name of the Retirement Plan: \_\_\_\_\_

Name of Plan/QDRO Administrator: \_\_\_\_\_

Plan Mailing Address: \_\_\_\_\_

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

Plan Telephone: (\_\_\_\_) \_\_\_\_\_ Plan Fax: (\_\_\_\_) \_\_\_\_\_

Plan Participant's Date of Hire with the Employer: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If exact Date of Hire is not known, was it:  Before Date of Marriage  After Date of Marriage

Is Participant still working for this Employer:  Yes  No

If no, what was the date Participant stopped work with this Employer: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Is the Participant retired:  Yes  No If yes, date of retirement was: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If yes, is Participant currently receiving benefits from this Pension Plan:  Yes  No

**If retired**, what form of benefit did the Participant select at Retirement?

- Joint & Survivor Annuity with Former Spouse  Joint & Survivor Annuity with Someone Else  
 Single Life Annuity  I don't know

Please send QDRO Helper a copy of any QDROs or court orders previously filed regarding this retirement plan. Please describe any agreement between you and your former spouse regarding the division of the retirement plan that is not addressed in your settlement agreement or judgment:

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