

DIVORCE FINANCIAL SOLUTIONS, LLC

Divorce Financial Counselors and Divorce Financial Analysts

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AUTHORIZATION TO RELEASE INFORMATION

RE: Participant: _____

Social Security #: _____

Date of Birth: _____

PENSION PLAN, PROFIT SHARING, 401(K) AND/OR ANY TYPE OF RETIREMENT ACCOUNT OR DEFERRED COMPENSATION PLAN, WHETHER QUALIFIED OR NON-QUALIFIED, AUTHORIZATION

Consent is hereby given to provide _____ with a current and yearly summary of my plan(s) description and a copy of the Plan Document. You are also authorized to provide information pertaining to any subsequent changes of the following information concerning any profit sharing plan, pension plan, retirement account, and/or deferred compensation plans which I have any right, title or interest to. Information shall be provided whether or not they are qualified or non-qualified plans or whether vested or not. The information you will provide will be used to determine if my pension benefits/retirement accounts, and/or the value, should be offset against other assets or divided under a court order. Thus, it is important that the following questions be answered completely and accurately. If there is more than one plan to report, please photocopy this Authorization if additional space is required for multiple plans

Plan Participant's Printed Name

Plan Participant's Signature

1. Name of Employing Company: _____
2. Name of the plan in which the above participant is enrolled: _____
3. Name & Address of Plan Administrator(s): _____
Address: _____
City: _____
State: _____
Zip Code: _____

4. Type of Retirement Plan (*Defined Benefit, Defined Contribution, Etc*):

(If more than one plan exists, please photocopy this authorization if additional space is required)

5. Date Employee began participating: _____

6. Start Date of Employment: _____

DEFINED BENEFIT/PENSION PLAN(S)

(Fill out this section if the employee is a Plan Participant in a defined benefit plan)

1. What are your plans Normal & Early Retirement Ages?

Normal _____ Early _____

2. What is the accrued LIFE-ONLY monthly benefit beginning at the normal and early retirement ages:

Normal _____ Early _____

3. Are there cost-of-living adjustments (COLA) made to the benefit(s) each year?

_____ YES _____ NO

a.) Statutory _____ YES _____ NO

b.) based on CPI _____ YES _____ NO

4. If yes, what is the average COLA applied to retirement benefits each year? _____ %

Plan # _____

5. Are there any provisions to your plans, (e.g. 30 & out, 25 & out, rule), where the employee participant could retire? If so, at what age or date, state the benefit (e.g. full retirement benefit, reduced)

6. Is there a supplemental benefit payable until the Participant commences Social Security?

_____ YES _____ NO

Plan Number: _____

If necessary, can an accrued monthly benefit be determined since the date of Marriage?

_____ YES _____ NO

7. If yes to No. 6, what is the accrued monthly benefit?

____ Mo. ____ Day ____ Year \$ _____

DEFINED CONTRIBUTION PLAN(S)

(Fill out this section if this if the employee is a Participant in a defined contribution plan)

1. Date Employee began participating or contributing to the Defined Contribution plan?

2. Employee contributions made to date:

Employee contributions accumulated with re-invested dividends & interest to date:

Employer contributions made to date:

3. Total Contributions accumulated with re-invested dividends & interest to date:

4. Current total account balance _____

THE FOLLOWING QUESTIONS PERTAIN TO EITHER TYPE OF PLAN(S) LISTED

1. Valuation Date(s) (if not daily or monthly) *i.e.* – *Quarterly, Semi-annually, Annually*

2. Current vested interest: _____

3. Vested percentage: _____

4. If not vested, date vesting will begin: _____

5. What is the number of years required for an employee to be 100% vested? : _____

6. Amount of the current plan that remains non-vested and the value thereof: _____

7. Earliest date employee is eligible to retire and receive early retirement benefits: _____

8. Earliest date employee is eligible to retire and receive unreduced retirement benefits:

9. Amount of early retirement benefit, and unreduced benefit: _____

10. Is there an outstanding loan to the participant:

_____ YES _____ NO

Plan # _____

Amount repaid, if any: _____

Amount currently owed: _____

10. Amount currently available for loan or withdrawal: _____

11. If, or pertaining to defined contribution plan(s) please attach or enclose a history of transactions, contributions, withdrawals or allocations over the past three years

QUESTIONS RELATING TO DIVISION BY COURT ORDER
(QUALIFIED DOMESTIC RELATIONS ORDER – QDRO)

1. Is this plan subject to division by way of a QDRO under ERISA or Qualified Court Order with it's own terms and conditions?

2. Is there a current alternate payee pursuant to a prior QDRO or Qualified Court Order?

3. If the plan(s) is subject to division by way of a QDRO, 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)

_____ YES _____ NO

4. If the plan(s) is subject to division by QDRO, does the plan allow for an immediate lump-sum distribution to an Alternate Payee?

_____ YES _____ NO

5. If not within a reasonable time after a QDRO is approved, when is the Alternate Payee eligible for a distribution?

Please explain - _____

6. Can an amount be awarded that would exceed 50% for a defined contribution plan or otherwise plans similar to a defined contribution plan.

_____ YES _____ NO

7. If a defined benefit plan, can the Alternate Payee be awarded an independent interest, i.e. separate interest? (Is the benefit payable over the life of the Alternate Payee independent of the participant's life expectancy)

_____ YES _____ NO

8. 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:

9. 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 Alternate Payee receive their awarded portion over Alternate Payee's life?)

_____ YES _____ NO

10. 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

11. Is the Participant eligible for any early retirement supplemental benefits?

_____ YES _____ NO

12. If an independent interest is possible, would the Alternate Payee be eligible for any early retirement supplement

_____ YES _____ NO

13. 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

14. Does the Plan(s) offer ANY other form or type of subsidy?

_____ YES _____ NO

15. Would the Alternate Payee be entitled to ANY such form or type of subsidized benefit should it be addressed in the QDRO?

_____ YES _____ NO

16. Are Contingent Alternate Payees permitted to be named in a QDRO, or can the A/P name a beneficiary to their portion? (Other than a joint and survivor annuity)

_____ YES _____ NO

17. Are early retirement benefits made available to a terminated employee under the plan(s)?

_____ YES _____ NO

18. Is the Plan Participant Retired at this time (i.e. is the plan in pay status?)

_____ YES _____ NO

19. If yes to question 18, please indicate the survivor benefit election made and the name of the survivor/beneficiary.

20. 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

21. If the answer to No. 20 is yes, please provide the name of the plan, and the name and telephone number of the plan administrator

22. Name of each plan that this employee has been a participant in since their initial date of employment:

23. Is the employee an active participant in any stock option, executive deferred compensation, equity participation plan or program?

_____ YES _____ NO

24. Does the employee participant or named individual (page 1) have ownership equity in the company for which he is employed?

_____ YES _____ NO

25. As of what date is this information current? _____

BY: _____

Title: _____

Date: _____

Telephone: _____

Please attach a copy of the Summary Plan Description which upon request must be furnished to plan participants as required by the Pension Reform Act of 1974.