

ITEMS REQUIRED FOR ORDER COMPLETION:

Completed Client Intake Form

Copy of Final Judgment and/or Marital Settlement Agreement

Copy of Statement(s) for Account(s) to Be Divided

WHO IS FILING THIS ORDER WITH THE COURT?

Jennifer Tanck, Esq.

My Attorney: _____

My Former Spouse's Attorney: _____

HOW IS THE FEE BEING PAID?

Entirely by the Husband

Entirely by the Wife

Split Evenly Between the Parties

The undersigned understands that the actual calculation for the retirement benefit shall be done by the Plan Administrator or Custodian. Jennifer A. Tanck, Esq. does no calculation of the benefit and does not warrant the accuracy of the calculation provided by the Plan Administrator or Custodian.

The undersigned and agrees to pay and discharge all reasonable costs, attorney's fees and expenses that shall be incurred and made by the advisor in enforcing the terms of this agreement. This contract is governed by the State of Florida.

On accounts outstanding 15 days, the undersigned covenants and agrees to pay a billing charge in the amount of \$15.00 for invoice preparation and mailing. Invoices will be sent every two weeks until payment is made at a charge of \$15.00 per invoice.

Agreed & signed this _____ day of _____, 20 _____.

Name Printed

Signature



CLIENT INTAKE FORM

Division of Retirement Benefits

Participant's Information – Individual TRANSFERRING the Retirement Asset(s)

Participant Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

Best Phone Number to Contact: _____

Email Address (Required): _____

Participant's Attorney's Name: _____

Best Contact Person at Attorney's Firm, if Different: _____

Attorney's Phone Number: _____

Attorney's Email Address: _____

Is the Participant Still Represented by His/Her Attorney? YES NO NOT SURE

Alternate Payee's Information – Individual RECEIVING the Retirement Asset(s)

Alternate Payee's Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

Best Phone Number to Contact: _____

Email Address (Required): _____

Alternate Payee's Attorney's Name: _____

Best Contact Person at Attorney's Firm, if Different: _____

Attorney's Phone Number: _____

Attorney's Email Address: _____

Is the Alternate Payee Still Represented by His/Her Attorney? YES NO NOT SURE

Marriage & Divorce Information

Date of Marriage: _____ Date of Filing for Divorce: _____

City and State of Marriage: _____

Are you divorced yet? YES NO If so, date of Final Hearing: _____

Name of Judge Assigned to Divorce Case: _____

Is the Wife changing her name? YES NO If so, new name: _____

Retirement Asset Information

Date to Be Used for Division of Asset: _____ (Usually Date of Filing or Date of Divorce)

Is the Participant already retired? YES NO

If YES, was a Survivorship Benefit elected? YES NO NOT SURE

Are gains and losses to be include in the award of benefits? YES NO NOT SURE

Name of Company Sponsoring the Retirement Plan: _____

Contact Person: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Company Contact's Email Address: _____

For Military Orders Only

Branch of Military and/or Reserves: _____

Date of Enlistment: _____ Date Retired, if Retired: _____

Date of Active Duty: _____ Date of Reserve Duty: _____

Rank at Retirement or Date of Filing for Divorce: _____

Years of Creditable Service on Date of Filing for Divorce: _____

Retired Pay Base (High-3): _____

Total Reserve Points Earned: During Marriage _____ Entire Career: _____