

Economic Horizons, Inc. Engagement Letter

FOR PREPARATION OF A QUALIFIED DOMESTIC RELATIONS ORDER

1826 Snake River Road, Ste C

800 490-3030 or fax 281-492-9906

Katy, Texas 77449

qdro400@gmail.com

Attorney Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Fax: _____ email: _____

This is my authorization for Economic Horizons, Inc. to prepare a Qualified Domestic Relations Order (QDRO) from the data I have provided. I understand that any alterations of this data must be in writing by me. Additionally, should I choose to alter the pre-approved, finished work product of Economic Horizons, Inc. I do so knowing those changes may cause the QDRO to be rejected by the plan administrator and subject to further expense to correct.

Pre-approval by the plan administrator of the QDRO is provided as part of this service, if plan allows.

QDRO's will be written indicating benefits only as provided by the divorce decree or with an affidavit from you, the authorizing attorney. At no time do we communicate with opposing counsel or either party.

Attorney Signature: _____ Date: _____

** Which party do you represent? Participant Alternate payee (circle one)

PLEASE NOTE:

We must receive (1) a copy of the first page of the divorce decree (for style, case no. & correct names), (2) a copy of the pages that actually indicate how the benefits are to be divided, (3) the last page of the decree showing attorneys and all pertinent information related to them and (4) a check for \$ 400.00. Please do not provide the decree in its entirety. If you have a plan statement, (401k plans please enclose a copy.)

IT IS THE POLICY OF ECONOMIC HORIZONS, INC. THAT PAYMENT IS MADE BY THE ATTORNEY OR THE CLIENT PRIOR TO COMMENCEMENT OF WORK. NO QDRO WILL BE RELEASED UNDER ANY CIRCUMSTANCES BEFORE PAYMENT IS MADE AND WILL ONLY BE RELEASED TO AUTHORIZING ATTORNEY. PLEASE FILL IN ALL INFORMATION BELOW:

Plan Participant: _____ SSN: _____

Address: _____ City _____ State _____ Zip _____

Date of Birth: ____/____/____ Date of Marriage: ____/____/____ Date of Divorce: ____/____/____

Alternate Payee: _____ SSN: _____

Address: _____ City _____ State _____ Zip _____

Date of Birth: ____/____/____

Is the plan participant retired? YES NO

If the plan is a 401k, how do you wish the loan balance (if any) to be addressed? **YES NO**

Divide balance in plan only Ignore loan add loan amount to balance of plan
A file copy will be provided for you along with the QDRO to be filed with the court.

FILL IN AS MUCH AS POSSIBLE BELOW:

Name of employer: _____ Name of plan: _____

Administrators name: _____ Phone #: _____