

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: _____ State Bar No.: _____

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

Phone No.: _____ Fax No: _____ 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 (please 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, and (3) the last page of the decree showing all the attorneys and all pertinent information related to them. If you have a plan statement, please enclose a copy.

Please check one:

- \$450.00 – Price of QDRO
- \$500.00 – Price of QDRO, plus delivery of fully executed QDRO to courthouse, obtain certified QDRO (at our expense) and mailing (certified mail) to Plan Administrator – Harris County cases only (Please call the office for more details)

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

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 401(k), how do you wish the loan balance (if any) to be addressed?

() **Divide balance in plan only** () **Ignore loan** () **Add loan amount to balance of plan**

FILL IN AS MUCH AS POSSIBLE BELOW:

Name of Employer:

Name of Plan:

Administrator's Name:

Phone No.: