

# Moon, Schwartz & Madden

3478 Buskirk Avenue, Suite 1000, Pleasant Hill CA 94523 (925) 258-7100 FAX (925) 258-3969

17875 Von Karman Avenue, Suite 150 Irvine CA 92614 (714) 430-8984

info@msmqdros.com

## Supplemental Intake Form

(Please respond to all questions related to the plan)

**Note: Please do not list plan already listed on Intake Form**

Plan 1:

Name of Plan Participant: \_\_\_\_\_

Date of Plan Entry: \_\_\_\_\_ Date of Termination / Retirement: \_\_\_\_\_

Name of Retirement Plan: \_\_\_\_\_

(Defined Contribution Plans) Were there contributions prior to marriage? Yes / No

(Defined Contribution Plans) Were there contributions after separation? Yes / No

Is participant currently receiving monthly benefits? Yes / No Monthly benefit amount \$ \_\_\_\_\_

(Pensions) What form of payment was elected at retirement? (e.g. Single Life Annuity, 50% Joint and Survivor benefit, etc.)

\_\_\_\_\_

Plan 2:

Name of Plan Participant: \_\_\_\_\_

Date of Plan Entry: \_\_\_\_\_ Date of Termination / Retirement: \_\_\_\_\_

Name of Retirement Plan: \_\_\_\_\_

(Defined Contribution Plans) Were there contributions prior to marriage? Yes / No

(Defined Contribution Plans) Were there contributions after separation? Yes / No

Is participant currently receiving monthly benefits? Yes / No Monthly benefit amount \$ \_\_\_\_\_

(Pensions) What form of payment was elected at retirement? (e.g. Single Life Annuity, 50% Joint and Survivor benefit, etc.)

\_\_\_\_\_

Plan 3:

Name of Plan Participant: \_\_\_\_\_

Date of Plan Entry: \_\_\_\_\_ Date of Termination / Retirement: \_\_\_\_\_

Name of Retirement Plan: \_\_\_\_\_

(Defined Contribution Plans) Were there contributions prior to marriage? Yes / No

(Defined Contribution Plans) Were there contributions after separation? Yes / No

Is participant currently receiving monthly benefits? Yes / No Monthly benefit amount \$ \_\_\_\_\_

(Pensions) What form of payment was elected at retirement? (e.g. Single Life Annuity, 50% Joint and Survivor benefit, etc.)

\_\_\_\_\_

Plan 4:

Name of Plan Participant: \_\_\_\_\_

Date of Plan Entry: \_\_\_\_\_ Date of Termination / Retirement: \_\_\_\_\_

Name of Retirement Plan: \_\_\_\_\_

(Defined Contribution Plans) Were there contributions prior to marriage? Yes / No

(Defined Contribution Plans) Were there contributions after separation? Yes / No

Is participant currently receiving monthly benefits? Yes / No Monthly benefit amount \$ \_\_\_\_\_

(Pensions) What form of payment was elected at retirement? (e.g. Single Life Annuity, 50% Joint and Survivor benefit, etc.)

\_\_\_\_\_