[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Plan Administrator Name]
[Plan Name/Company]
[Address]
[City, State, Zip Code]

RE: Implementation of Qualified Domestic Relations Order (QDRO)
Participant Name: [Participant Name]
Participant Social Security Number: [Last 4 Digits or Full SSN]
Alternate Payee Name: [Alternate Payee Name]
Case Number: [Court Case Number]

Dear Plan Administrator,

Please find enclosed a court-certified copy of the Qualified Domestic Relations Order (QDRO) regarding the above-referenced retirement plan. This order was signed by the Judge on [Date Order was Signed] and filed with the [Name of Court].

This order assigns a portion of the Participant's benefits to the Alternate Payee in accordance with the terms of the plan and applicable federal law. We request that you review and implement this order as soon as possible.

Please provide written confirmation once the order has been formally approved and the account has been segregated or the benefits adjusted accordingly. If there are any additional forms or information required from either party to complete this process, please notify us immediately.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosure: Certified Copy of QDRO