

Matthew Lundy Law

QDRO Law

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Offices in:
Atlanta, Georgia
Cherry Hill, New Jersey
Coral Springs, Florida

INSTRUCTIONS:

1. Please review the terms of engagement and timeline on pages 6 through 12 of this document.
2. Please make payment through our website at: [Matthew Lundy Law--QDRO Law Payment Portal](#) in the amount specified on this page, by either credit card or electronic check.
3. Please review and complete the information forms on pages 2-5 to the best of your ability. If you are unsure about anything, or it is not pertinent to your case, please leave it blank. We will contact you if we need anything that is missing.
4. Please initial all pages, and once completed, please return by email to Info@MLundyLaw.com or securely upload to our website here: [Matthew Lundy Law--QDRO Law Document Upload](#)

This engagement pertains exclusively to the following retirement asset(s):

- i. Military Pension _____
- ii. _____
- iii. _____
- iv. _____
- v. _____
- vi. _____

The cost to proceed is \$ 975.00 plus a 3% credit card fee if you are paying by credit card. If you would like to pay by check, you can pay by eCheck in our payment portal. Please do not mail us a check. By submitting your payment, you hereby agree to our terms of engagement.

RS
Initials

Matthew Lundy Law

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POTENTIAL CLIENT INFORMATION FORM

Please fill this out to the best of your ability and return it to us. If you are unable to fill in any portion, please leave it blank and we will contact you if we have any questions. Please do not provide us with any contact information that you do not wish for us to use in contacting you.

1. Information about the Plan Participant (the person to whom the account that is being divided belongs):

Name: Sean Christopher Smith

Address: 1815 Princeton Lakes Drive Apt #712
Brandon Florida 33511

Email Address: msgtosean@gmail.com

Telephone Number: 813 363 6963

Social Security Number: 269 - 72 - 0164 Date of Birth: 11 / 9 / 76

Name of Employer: Retired from US Army

Name of Attorney, if any, and email address: _____

2. Information about the Alternate Payee (Plan Participant's Spouse, Former Spouse or child; this is the person who will receive a portion of the participant's retirement plan):

Name: Rae Ann Smith

Address: 831 Golf Island drive Apollo Beach
Florida 33572

Social Security Number: 292 - 70 - 5564 Date of Birth: 8 / 19 / 76

Email Address: msgtorae@gmail.com

Telephone Number: 919 478 3940

Name of Attorney, if any, and email address: _____

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