



PENSION EVALUATORS® & QDROs at TROYAN, INC.® & ASSOCIATES GROUP

National Toll Free Number: 800.221.0706 | Fax: 732.212.1113

Dedicated Lawyers' LEGAL SERVICES

Nationwide Expert Actuarial Pension Appraisal & QDRO Preparation Firm

email: info@Pension-Evaluators.com | website: http://www.pension-evaluators.com | P.O. Box 8722, Red Bank, NJ 07701

Corporate or Union Monthly Annuity DB QDRO Checklist Blue Form ACCUQDRO®

REQUESTING ATTORNEY OR CLIENT DEMOGRAPHIC INFORMATION

Order Request Date:

If you are a Party in this action and requesting the QDRO yourself please complete this section with your information.

Attorney/Client Name:				Phone Number:			
Firm Name:				Fax Number:			
Street Address / PO Box / Suite:							
City:		State:		Zip Code:		Email:	
Party you Represent:		Husband Wife Both		(Select One) Attorney Joint Retainer Court Appointment Mediator Collaborator			

OPPOSING ATTORNEY

Attorney/Client Name:				Phone Number:			
Firm Name:				Fax Number:			
Street Address / PO Box / Suite:							
City:		State:		Zip Code:		Email:	

PLAN PARTICIPANT

Pensioner's Name:			Date of Birth:		Social Security Number:		
Street Address / P.O. Box #/ Suite #:						Date of Marriage:	
City:	State:	Zip Code:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Terminated/Date:		Date of Plan Entry: <input type="checkbox"/> Retired/Date:

FORMER SPOUSE (Alternate Payee)

QDRO Receiver's Name:		Date of Birth:		Gender: Male Female		Social Security Number:	
Street Address / P.O. Box #/ Suite #:				City:		State:	Zip Code:

COURT DATA

Specify Divorce Document Filed:			Docket / Index / Case No.:			Date Filed:	
State Filed:	County Filed:		Plaintiff/Petitioner:			Defendant/Respondent:	

* Please submit pertinent pages of the Separation Agreement, Judgement entry or Post-Decree Language along with full payment. (Be sure to include the first page so that we may add the case caption to the draft). If there is other relevant information, kindly bring same to our attention. **Provide Pension or retirement account statement(s) subject to QDRO(s).

PLAN ADMINISTRATOR

Plan Administrator / Contact Name:				Plan Name:			
Street Address / P.O. Box #/ Suite #:							
City:		State:	Zip Code:		Phone:		Email:

Alternate Payee's Assignment of Benefits:

- 50% of Coverture (Marital Fraction) Traditional Coverture Approach (50% of Marital Portion based on Years Earned During Marriage Divided By Total Years of Service at Participant's Date of Retirement or Alternate Payee's Elected Benefit Commencement Date, if earlier
- ____ % of Coverture (Marital Fraction) Non-Traditional Coverture Approach (this % of Marital Portion based on Years Earned During Marriage Divided By Total Years of Service at Participant's Date of Retirement or Alternate Payee's Elected Benefit Commencement Date, if earlier
- ____ % Percent of Total Benefit as of the Date of Retirement: The Alternate payee will receive this percentage of the total accrued benefit to be determined by the Plan as of the Participant's Date of Retirement inclusive of any pre-marital and post-marital credited service.
- ____ % of Accrued Benefit "Frozen" as of ____/____/____ \$ _____ per month, at participant's normal retirement age Other (Specify):

QDRO SERVICES/FEES (Check appropriate box(s) based on the services required)

ACCUQDRO® Basic Service (Per QDRO): (Pension Annuity Includes pre-approval submission to the Plan Administrator) (If ordering multiple QDROs Enter No.): =	<input type="checkbox"/> ACCUQDRO® Premium Service (Per QDRO): (Pension Annuity Includes pre-approval & formal qualifications submissions to the Plan Administrator) (If ordering multiple QDROs Enter No.): =	<input type="checkbox"/> QUICKQDRO® Rush Service (Per QDRO): \$200.00 Provide QDRO Language for Agreement: \$250.00 <input type="checkbox"/> QDRO Dollar Appraisal: \$350.00
Change provision(s) in Prior QDRO: \$250.00	ACCUQDRO® Void a Prior QDRO Service: \$750.00	Review 1 Drafted Order: \$350.00



Credit/Debit Card Number:

Expiration Date:

CW:

Billing Street # or PO Box #:

Billing Zip Code:

Charge Credit/Debit Card in the Amount of \$

Print Cardholder's Name:

Check Enclosed in the Amount of \$

Cardholder's Signature:

If Attorney Card Payment on Behalf Husband Wife