



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

Federal / Civil Service 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: CSRS FERS								
Street Address / P.O. Box #/ Suite #:														
City:			State:			Zip Code:			Phone:			Email:		

COMPLETE THIS SECTION FOR CIVIL SERVICE MEMBERS(COAP) BENEFITS TO THIS FORMER SPOUSE DIRECTIVES (Please check all that apply)

A "Pro rata" Share Traditional Coverture Approach \$_____ from Employee Annuity Upon Retirement Yes No Add COLA (Cost of Living Adjustments) Refund of Employee Contributions: If Employee "Quits" Before Retirement and Applies for a Refund of Employee Contributions, Former Spouse Receives:

A "Pro rata" Share (This will be in lieu of a future monthly pension) Other \$_____ If None (Former Spouse will remove the pension benefits awarded to him/her) If Former Spouse Dies, his/her assigned share of benefits should go to, check only one option:

To his/her Estate To his/her Children in equal shares (names and SS# required) Back to the Participant

Please Include "Former Spouse Survivor Annuity" Protection for Former Spouse, based on:

A "Pro rata" Share "55 % Maximum" Allowable option Do Not Include any Survivor Protection in the Order

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

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