



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

IRA 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:

IRA HOLDER'S NAME

IRA Holder'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	Date of Plan Entry:
				<input type="checkbox"/> Terminated/Date:	<input type="checkbox"/> Retired/Date:

IRA RECEIVER'S NAME

IRA 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

Financial Agent / Contact Name:			Company Name:			
Street Address / P.O. Box #/ Suite #:						
City:		State:	Zip Code:		Phone:	Email:
IRA Account No. for IRA Holder:			IRA Account No. for IRA Receiver:			

Amount Assigned to Alternate Payee:		Investment Gains/Losses:		Loans:	
<input type="checkbox"/> 50% of Total Account balance as of:		<input type="checkbox"/> the Alternate Payee's share shall include interest and/or investment gains/losses attributable to his/her share of the benefit period subsequent to the determination date until the date of distribution.		<input type="checkbox"/> The Alternate Payee's share shall of the benefits will be calculated after the loan amount is subtracted from the Participant's total vested account balance.	
<input type="checkbox"/> % of Total balance as of:		<input type="checkbox"/> the Alternate Payee's share shall NOT include interest and/or investment gains attributable to his/her share of the benefit period subsequent to the determination date until the date of distribution.		<input type="checkbox"/> The Alternate Payee's share shall of the benefits will be calculated before the loan amount is subtracted from the Participant's total vested account balance.	
\$ balance as of:				<input type="checkbox"/> Not Applicable	
<input type="checkbox"/> Other:					

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

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