



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

Military 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	Date of Plan Entry:
			<input type="checkbox"/> Terminated/Date:	<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:			Email:		
Street Address / P.O. Box #/ Suite #:					
City:		State:	Zip Code:		Phone:

COMPLETE THIS SECTION FOR DIVIDING MILITARY RETIRED PAY VIA STATE MILITARY RETIREMENT BENEFITS COURT ORDER

(Please check all that apply) PLEASE SUPPLY Member's Military pension Statement (if Enlisted or supply Member's points sheet if Reserves.)

Participant is: Active Member Reservist Already Retired **10/10 Rule:** Did Member Earn at Least "Ten" Years of Service During the Marriage? Yes No

<input type="checkbox"/> Traditional Coverture (Based on "Years" if Active Member, or "Points" if Reservist) <input type="checkbox"/> \$_____ from Military Retired Pay Upon Retirement <input type="checkbox"/> _____ % of Military Retired Pay upon Retirement (Cannot exceed 50%) Yes No Add COLA Increases for Alternate Payee		Survivor Protection (in event of Participant's death): <input type="checkbox"/> Please include "SBP" (Survivor Benefit Plan) Protection for the Alternate Payee, based on: <input type="checkbox"/> Alternate Payee's Assigned Portion <input type="checkbox"/> Maximum Allowable <input type="checkbox"/> Do Not Include any Survivor Protection in the Order	
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QDRO SERVICES/FEES (Check appropriate box(s) based on the services required)

*Services include draft Order(s) and pre-approval (when permissible) & Qualification Submission (With the Plan Administrator)*Court Certification not included

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