



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

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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

## State or Local Government Plan 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: <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:				Phone:				Plan Name:			
Street Address / P.O. Box #/ Suite #:											
City:			State:			Zip Code:			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)		<input type="checkbox"/> ACCUQDRO® Premium Service (Per QDRO): (Pension Annuity Includes pre-approval & formal qualifications submissions to the Plan Administrator)		<input type="checkbox"/> QUICKQDRO® Rush Service (Per QDRO): <b>\$200.00</b>	
(If ordering multiple QDROs Enter No.): =		(If ordering multiple QDROs Enter No.): =		Provide QDRO Language for Agreement: <b>\$250.00</b>	
Change provision(s) in Prior QDRO: <b>\$250.00</b>		ACCUQDRO® Void a Prior QDRO Service: <b>\$750.00</b>		<input type="checkbox"/> QDRO Dollar Appraisal: <b>\$350.00</b>	
				Review 1 Drafted Order: <b>\$350.00</b>	



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