



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

TIAA/CREF 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:				Street Address / P.O. Box #/ Suite #:			
City:		State:		Zip Code:		Phone: Email:	
Plan Name(s):				Account No.'s:			

Amount Assigned to Alternate Payee:

- 50% of Total Account balance as of:
- % of Total balance as of:
- \$ balance as of:
- Other:

Investment Gains/Losses:

- 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.
- 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.

Loans:

- 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.
- 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.
- Not Applicable

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

ACQUQDRO® 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): \$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	ACQUQDRO® 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