



# PENSION EVALUATORS<sup>®</sup> AT TROYAN, INC.<sup>®</sup>

National Toll Free Number: 800.221.0706 | Phone: 732.212.1114 | Fax: 732.212.1113  
 e-mail: info@Pension-Evaluators.com | website: http://www.pension-evaluators.com | P.O. Box 8722, Red Bank, NJ 07701

## Corporate or Union Cash DC QDRO Checklist Blue Form ACCUQDRO<sup>™</sup>

This form may be submitted via mail, fax or email to this office

Order Request Date:

### REQUESTING ATTORNEY INFORMATION

If you are a Party in this action and requesting the report yourself please complete this section with your information.

Name:				Phone Number:	
Firm Name:				Fax Number:	
Street Address / P.O. Box #/ Suite #:					
City:		State:	Zip Code:	Phone:	E-mail:
Party you Represent: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both (Select One <input type="checkbox"/> Joint Retainer / <input type="checkbox"/> Court Appointment / <input type="checkbox"/> Mediator / <input type="checkbox"/> Collaborator)					

### OPPOSING ATTORNEY INFORMATION

If you are a Party in this action and requesting the report yourself please complete this section with your information.

Name:				Phone Number:	
Firm Name:				Fax Number:	
Street Address / P.O. Box #/ Suite #:					
City:		State:	Zip Code:	E-mail:	
Party you Represent: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both (Select One <input type="checkbox"/> Joint Retainer / <input type="checkbox"/> Court Appointment / <input type="checkbox"/> Mediator / <input type="checkbox"/> Collaborator)					

### EMPLOYED SPOUSE'S DATA

Name:			Date of Birth:		Social Security Number:	
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:		
Street Address / P.O. Box #/ Suite #:			Date of Marriage:		Asset Cutoff Date:	

### NON-EMPLOYED SPOUSE (Alternate Payee) Subject to QDRO(s)

Name:			Date of Birth:		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:		Defendant:	

\* 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.

### COMPLETE THIS SECTION FOR DIRECTIVES FOR "DEFINED CONTRIBUTION" PLAN QDROS (401(k) type plans)

Alternate Payee's Assignment of Benefits: (Please choose one in each category below)

Plan Administrator / Contact Name:			Company Name:		
Street Address / P.O. Box #/ Suite #:					
City:		State:	Zip Code:	Phone:	E-mail:
Date of Plan Entry:			Plan Name:		
<b>Amount Assigned to Alternate Payee:</b> <input type="checkbox"/> 50% of Total Account balance as of: <input type="checkbox"/> _____% of Total balance as of: <input type="checkbox"/> \$ _____ balance as of: <input type="checkbox"/> Other:		<b>Investment Gains/Losses:</b> <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 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.		<b>Loans:</b> <input type="checkbox"/> The Alternate Payee's share of the benefits will be calculated after the loan amount is subtracted from the Participant's total vested account balance. <input type="checkbox"/> The Alternate Payee's share of the benefits will be calculated before the loan amount is subtracted from the Participant's total vested account balance. <input type="checkbox"/> Not Applicable	

### QDRO SERVICES/FEES

Check appropriate boxes based on the service(s) required. \*Services include draft Order(s) and pre-approval with plan (when permissible) Court submission & format submission separate.

<input type="checkbox"/> Troyan Basic ACCUQDRO™ Basic Service (1 Defined Benefit Annuity or Cash (401(k) type) Plan) Includes pre-approval submission to the Plan <b>\$350.00</b>	<input type="checkbox"/> Troyan Standard ACCUQDRO™ Premium Service (1 Defined Benefit Annuity or Cash (401(k) type) Plan) Includes pre-approval submission & Formal Qualification to the Plan <b>\$500.00</b>	<input type="checkbox"/> COAP (CSRS / FERS) <b>\$350.00</b> <input type="checkbox"/> Railroad Tier II Order <b>\$350.00</b> <input type="checkbox"/> Military Order <b>\$350.00</b> <input type="checkbox"/> IRA Transfer 408(d)6 Order <b>\$195.00</b>
<input type="checkbox"/> Add QUICKQDRO™ Rush Service <b>\$150.00</b> (For one plan. Call for multiple Orders are extra call for rates) (48-hour business day turn-around via fax or e-mail)	<input type="checkbox"/> Add 2nd ACCUQDRO™ <b>\$350.00</b> Date of Plan Entry: Plan Name:	<input type="checkbox"/> Add 4th ACCUQDRO™ <b>\$295.00</b> Date of Plan Entry: Plan Name:
<input type="checkbox"/> QDRO Dollars Appraisal <b>\$295.00</b> (Calculates a %, \$ amount, length of service, interest, etc.)	<input type="checkbox"/> Add 3rd ACCUQDRO™ <b>\$295.00</b> Date of Plan Entry: Plan Name:	<input type="checkbox"/> Change provision(s) in Prior DRO <b>\$150.00</b> (Request a section(s) change on a completed order)
<input type="checkbox"/> Sample Language: <b>\$195.00</b> <input type="checkbox"/> Review 1 Drafted Order: <b>\$295.00</b>	ACCUCALC® PenEval Blue Form available for immediate offset lump value dollar reports. Call for Additional Services that are not listed above.	COURT TESTIMONY: We provide expert testimony telephonically or in person at the courthouse. Request our Expert Testimony packet.

**ACCUQDRO™ EASYPAY** Remit payment according to the service(s) selected above. FOR FURTHER DETAILS CONTACT PENSION EVALUATORS® AT TROYAN, INC.®

<input type="checkbox"/> <b>EasyCharge®</b> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> </div> <p><b>Charge Credit/Debit Card in the Amount of \$</b></p> <input type="checkbox"/> <b>Check</b> <div style="display: flex; align-items: center; margin-top: 5px;"> <p><b>Enclosed in the Amount of \$</b></p> </div> <p>If Attorney Card Payment on Behalf of: <input type="checkbox"/> Husband <input type="checkbox"/> Wife</p>	Credit Card Number: _____ Expiration Date: _____ Billing Street # or PO Box #: _____ Billing Zip Code: _____ Print Cardholder's Name: _____ Cardholder's Signature: _____ <small>(Please type full name which will electronically validate form when sent via email)</small>
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