



# 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

## Federal / Civil Service 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: Date of Plan Entry:	
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 CIVIL SERVICE AND FERS ORDERS (COAP) BENEFITS TO THIS FORMER SPOUSE DIRECTIVES

(Please check all that apply)

#### Amount of Assignment:

☐ A "Pro rata" Share based on Traditional Coverture Approach (50% of marital portion) ☐ \$\_\_\_\_\_ from Employee Annuity Upon Retirement

☐ Yes ☐ No Add COLA (Cost of Living Adjustments) for Former Spouse?

Refund of Employee Contributions: If Employee "Quits" Before Retirement and Applies for a Refund of Employee Contributions, Former Spouse Receives:

☐ A "Pro rata" Share (This will be in lieu of a future monthly pension) ☐ \$\_\_\_\_\_

☐ None of it (Former Spouse will also sacrifice any monthly pension benefits otherwise awarded to him/her)

☐ Forbid or "bar" Employee from ever applying for a refund if such an election would extinguish Former Spouse's rights to a future monthly pension)

If Former Spouse Dies, his/her assigned share of benefits should go to, check only one option:

☐ To his/her Estate ☐ To his/her Children in equal shares (names and SS# required) ☐ Back to the Participant

Survivor Protection (in event of Participant's death): \*Under Title 5 of the USC Former Spouse will forfeit rights to any survivor annuity if he/she "remarries" before age 55

☐ Please Include "Former Spouse Survivor Annuity" Protection for Former Spouse, based on:

☐ A "Pro rata" Share ☐ "55 % Maximum" Allowable option ☐ Do Not Include any Survivor Protection in the Order

continued on next page

## QDRO SERVICES/FEEES

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"/> <b>Troyan Basic</b> <span style="float: right;"><b>\$350.00</b></span> <b>ACCUQDRO™ Basic Service</b> (1 Defined Benefit Annuity or Cash (401(k) type) Plan) Includes pre-approval submission to the Plan	<input type="checkbox"/> <b>Troyan Standard</b> <span style="float: right;"><b>\$500.00</b></span> <b>ACCUQDRO™ Premium Service</b> (1 Defined Benefit Annuity or Cash (401(k) type) Plan) Includes pre-approval submission & Formal Qualification to the Plan	<input type="checkbox"/> <b>COAP (CSRS / FERS)</b> <span style="float: right;"><b>\$350.00</b></span> <input type="checkbox"/> <b>Railroad Tier II Order</b> <span style="float: right;"><b>\$350.00</b></span> <input type="checkbox"/> <b>Military Order</b> <span style="float: right;"><b>\$350.00</b></span> <input type="checkbox"/> <b>IRA Transfer 408(d)6 Order</b> <span style="float: right;"><b>\$195.00</b></span>
<input type="checkbox"/> <b>Add QUICKQDRO™ Rush Service</b> <span style="float: right;"><b>\$150.00</b></span> (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"/> <b>QDRO Dollars Appraisal</b> <span style="float: right;"><b>\$295.00</b></span> (Calculates a %, \$ amount, length of service, interest, etc.)	<input type="checkbox"/> <b>Add 2nd ACCUQDRO™</b> <span style="float: right;"><b>\$350.00</b></span> Date of Plan Entry: Plan Name:  <input type="checkbox"/> <b>Add 3rd ACCUQDRO™</b> <span style="float: right;"><b>\$295.00</b></span> Date of Plan Entry: Plan Name:	<input type="checkbox"/> <b>Add 4th ACCUQDRO™</b> <span style="float: right;"><b>\$295.00</b></span> Date of Plan Entry: Plan Name:  <input type="checkbox"/> <b>Change provision(s) in Prior DRO</b> <span style="float: right;"><b>\$150.00</b></span> (Request a section(s) change on a completed order)
<input type="checkbox"/> <b>Sample Language:</b> <span style="float: right;"><b>\$195.00</b></span>  <input type="checkbox"/> <b>Review 1 Drafted Order:</b> <span style="float: right;"><b>\$295.00</b></span>	ACCUCALC® PenEval Blue Form available for immediate offset lump value dollar reports. Call for Additional Services that are not listed above.	
<b>COURT TESTIMONY:</b> 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; align-items: center; margin-top: 5px;"> </div>	Credit Card Number: <span style="float: right;">Expiration Date:</span>  Billing Street # or PO Box #: <span style="float: right;">Billing Zip Code:</span>  Print Cardholder's Name:  Cardholder's Signature: <small>(Please type full name which will electronically validate form when sent via email)</small>
<input type="checkbox"/> <b>Check</b>	Enclosed in the Amount of \$
If Attorney Card Payment on Behalf of: <input type="checkbox"/> Husband <input type="checkbox"/> Wife	