PENSION EVALUATORS® AT TROYAN, INC.®

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

IRA QDRO Checklist Blue Form ACCUQDRO™

Order Request Date:

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

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: ☐ Husband ☐ Wife ☐ Both (Select One ☐ Joint Retainer / ☐ Court Appointment / ☐ Mediator / ☐ 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: ☐ Husband ☐ Wife ☐ Both (Select One ☐ Joint Retainer / ☐ Court Appointment / ☐ Mediator / ☐ Collaborator)			

EMPLOYED SPOUSE'S DATA

Name:			Date of Birth:		Social Security Number:
City::	State	Zip Code:	Gender: ☐ Male ☐ Female	Employment Status: ☐ Employed ☐ Terminated/Date:	☐ 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 AN IRA (INDIVIDUAL RETIREMENT ACCOUNT) SPLIT ORDER

(Please complete all that apply)

Plan Trustee / Contact Name:				Holding Trustee Company:
Street Address / P.O. Box #/ Suite #:				
City:	State:	Zip Code:	Phone	E-mail:
Date of Plan Entry:		Plan Name:		

Name of specific Individual Retirement Account Number to be transferred to former spouse: _____

Specify Percent or Dollar Amount of Participant's IRA to be transferred to the Alternate Payee's IRA

☐ _____% As of the Date of Distribution ☐ _____$ As of the Date of Distribution ☐ % As of the Last Acquisition of Benefits Date Supplied

☐ $_____As of the Last Acquisition of Benefits Date Supplied ☐ _____% As of: ☐ $_____As of:

☐ Yes ☐ No Alternate Payee's value per the option selected above to be transferred shall be adjusted for gains/losses on his/her share of the IRA from the Date of Division to the Date of Distribution (if the Trustee shall permit a gain/loss calculation).

continued on next page

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.

Troyan Basic **$350.00** ACCUQDRO™ Basic Service (1 Defined Benefit Annuity or Cash (401(k) type) Plan) Includes pre-approval submission to the Plan	Troyan Standard **$500.00** ACCUQDRO™ Premium Service (1 Defined Benefit Annuity or Cash (401(k) type) Plan) Includes pre-approval submission & Formal Qualification to the Plan	COAP (CSRS / FERS) **$350.00** Railroad Tier II Order **$350.00** Military Order **$350.00** IRA Transfer 408(d)6 Order **$195.00**
Add QUICKQDRO™ Rush Service **$150.00** (For one plan. Call for multiple Orders are extra call for rates) (48-hour business day turn-around via fax or e-mail) QDRO Dollars Appraisal **$295.00** (Calculates a %, $ amount, length of service, interest, etc.)	Add 2nd ACCUQDRO™ **$350.00** Date of Plan Entry: Plan Name: Add 3rd ACCUQDRO™ **$295.00** Date of Plan Entry: Plan Name:	Add 4th ACCUQDRO™ **$295.00** Date of Plan Entry: Plan Name: Change provision(s) in Prior DRO **$150.00** (Request a section(s) change on a completed order)
Sample Language: **$195.00** Review 1 Drafted Order: **$295.00**	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.

EasyCharge® ○ MasterCard ○ American Express Card ○ VISA ○ DISCOVER NOVUS

Charge Credit/Debit Card in the Amount of $

Check

Enclosed in the Amount of $

If Attorney Card Payment on Behalf of: Husband Wife

Credit Card Number: Expiration Date:

Billing Street # or PO Box #: Billing Zip Code:

Print Cardholder's Name: _____

Cardholder's Signature: _____

(Please type full name which will electronically validate form when sent via email)

EASYPAY

SUBMIT VIA EMAIL PRINT TO FAX OR MAIL PRINT BLANK FORM