



PENSION EVALUATORS[®] AT TROYAN, INC.[®]

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Military 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: <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 DIVIDING MILITARY RETIRED PAY VIA MILITARY ORDERS

(Please check all that apply)

Participant is: ☐ Active Member ☐ Reservist ☐ Already Retired

10/10 Rule: Did Member Earn at Least "Ten" Years of Service During the Marriage? ☐ Yes ☐ *No

**If answer is "No", DFAS will not accept "property division" order. Hence, the Former Spouse cannot receive direct payment from the Military Retirement System as Marital Property through a Military Order. However, there is no length of marriage requirement for getting a share paid as support through a Military garnishment type Order. (Call for details)*

Amount of Assignment Select one:

☐ Traditional Coverture (Based on "Years" if Active Member, or "Points" if Reservist)

☐ \$ _____ from Military Retired Pay Upon Retirement

☐ _____ % of Military Retired Pay upon Retirement (Cannot exceed 50%)

(Note: If Member already retired, must use percentage or dollar amount)

☐ Yes ☐ No **Add COLA Increases for Alternate Payee?**

Survivor Protection (in event of Participant's death):

☐ Please include "SBP" (Survivor Benefit Plan) Protection for the Alternate Payee, based on:

☐ Alternate Payee's Assigned Portion ☐ Maximum Allowable ☐ 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"/> Troyan Basic \$350.00 ACCUQDRO™ Basic Service (1 Defined Benefit Annuity or Cash (401(k) type) Plan) Includes pre-approval submission to the Plan	<input type="checkbox"/> Troyan Standard & Premier \$500.00 ACCUQDRO™ Premium Service (1 Defined Benefit Annuity or Cash (401(k) type) Plan) Includes pre-approval submission & Formal Qualification to the Plan	<input type="checkbox"/> COAP (CSRS / FERS) \$350.00 <input type="checkbox"/> Railroad Tier II Order \$350.00 <input type="checkbox"/> Military Order \$350.00 <input type="checkbox"/> IRA Transfer 408(d)6 Order \$195.00
<input type="checkbox"/> 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) <input type="checkbox"/> QDRO Dollars Appraisal \$295.00 (Calculates a %, \$ amount, length of service, interest, etc.)	<input type="checkbox"/> Add 2nd ACCUQDRO™ \$350.00 Date of Plan Entry: Plan Name: <input type="checkbox"/> Add 3rd ACCUQDRO™ \$295.00 Date of Plan Entry: Plan Name:	<input type="checkbox"/> Add 4th ACCUQDRO™ \$295.00 Date of Plan Entry: Plan Name: <input type="checkbox"/> Change provision(s) in Prior DRO \$150.00 (Request a section(s) change on a completed order)
<input type="checkbox"/> Sample Language: \$195.00 <input type="checkbox"/> 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.

<input type="checkbox"/> EasyCharge® Charge Credit/Debit Card in the Amount of \$ <input type="checkbox"/> Check Enclosed in the Amount of \$ If Attorney Card Payment on Behalf of: <input type="checkbox"/> Husband <input type="checkbox"/> 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)
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