

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

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:		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:
Date of Plan Entry:		Plan Name:			

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.


PLAN INFORMATION



Plan Administrator / Contact Name:			Company name:		
Street Address / P.O. Box #/ Suite #:			Plan Name:		
City:	State:	Zip Code:	Phone:	Fax:	E-mail:

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™ Service \$350.00 <small>(1 Defined Benefit Annuity or Cash (401(k) type) Plan) Includes pre-approval submission to the Plan</small>	<input type="checkbox"/> Troyan Standard ACCUQDRO™ Premium Service \$500.00 <small>(1 Defined Benefit Annuity or Cash (401(k) type) Plan) Includes pre-approval submission & Formal Qualification to the Plan</small>	<input type="checkbox"/> COAP (CSRS / FERS) \$% ".00 <input type="checkbox"/> Railroad Tier II Order \$% ".00 <input type="checkbox"/> Military Order \$% ".00 <input type="checkbox"/> IRA Transfer 408(d)6 Orded \$195.00
<input type="checkbox"/> Add QUICKQDRO™ Rush Service \$150.00 <small>(For one plan. Call for multiple Orders are extra call for rates) (48-hour business day turn-around via fax or e-mail)</small>	<input type="checkbox"/> Add 2nd ACCUQDRO™ \$% ".00 Date of Plan Entry: Plan Name:	<input type="checkbox"/> Add 4th ACCUQDRO™ \$295.00 Date of Plan Entry: Plan Name:
<input type="checkbox"/> QDRO Dollars Appraisal \$295.00 <small>(Calculates a %, \$ amount, length of service, interest, etc.)</small>	<input type="checkbox"/> Add 3rd ACCUQDRO™ \$295.00 Date of Plan Entry: Plan Name:	<input type="checkbox"/> Change provision(s) in Prior DRO \$150.00 <small>(Request a section(s) change on a completed order)</small>
<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® 	Credit Card Number:	Expiration Date:
<input type="checkbox"/> Charge Credit/Debit Card in the Amount of \$	Billing Street # or PO Box #:	Billing Zip Code:
<input type="checkbox"/> Check 	Print Cardholder's Name:	
<input type="checkbox"/> Enclosed in the Amount of \$	Cardholder's Signature:	
If Attorney Card Payment on Behalf of: <input type="checkbox"/> Husband <input type="checkbox"/> Wife	<small>(Please type full name which will electronically validate form when sent via email)P</small>	