



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

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Railroad Retirement System QDRO Checklist Blue Form ACCUQDRO[™]

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 RAILROAD RETIREMENT SYSTEM TIER 2 ORDER

(Please check all that apply)

<input type="checkbox"/> _____% of the Total Accrued Benefit earned through the End of Marriage / Asset Cutoff Date.
<input type="checkbox"/> _____% Percentage of the Total Accrued Benefit earned through the Date of Retirement.
<input type="checkbox"/> _____% of the Total Accrued Benefit earned through a Specific Date of: ____/____/____.
<input type="checkbox"/> _____% of the Marital Portion earned through the End of Marriage Date: The Marital Portion shall be determined by a fraction, the numerator of which is the number of months of the Participant's credited service in the Plan earned during the marriage and the denominator of which is the total number of months of the Participant's credited service in the Plan through the End of Marriage Date.
<input type="checkbox"/> _____% of the Marital Portion earned through the Date of Retirement: The Marital Portion shall be determined by a fraction, the numerator of which is the number of months of the Participant's credited service in the Plan earned during the marriage and the denominator of which is the total number of months of the Participant's credited service in the Plan through the Date of Retirement.
<input type="checkbox"/> _____% of the Marital Portion earned through a Specific Date: The Marital Portion shall be determined by a fraction, the numerator of which is the number of months of the Participant's credited service in the Plan earned during the marriage and the denominator of which is the total number of months of the Participant's credited service in the Plan through a Specific Date of: ____/____/____.
<input type="checkbox"/> \$ _____ Dollar amount per Month: The Alternate Payee will receive per month from participant's pension benefit. NO COST OF LIVING INCREASES.

continued on next page

Yes No **Add COLA (Cost of Living Adjustments) Increases for Alternate Payee?**

**In order for the Alternate Payee to receive part of the Tier 1 Benefits which (the Railroad's counterpart to Social Security) is not divisible via a domestic relations order, the Alternate Payee may make a separate application for a portion of this benefit through the Railroad Retirement Board if the Alternate Payee meets the following requirements:*

1. Both Participant and Alternate Payee must be at least 62 years.
2. The marriage must have lasted at least 10 consecutive years.
3. The Alternate Payee must not have remarried.
4. The Participant must have begun collecting a Railroad retirement or disability annuity.

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"/> Fdks 4SeU ACCUQDRO™ Basic Service (1 Defined Benefit Annuity or Cash (401(k) type) Plan) Includes pre-approval submission to the Plan	\$35" .00	<input type="checkbox"/> Troyan Standard & Premier ACCUQDRO™ Premium Service (1 Defined Benefit Annuity or Cash (401(k) type) Plan) Includes pre-approval submission & Formal Qualification to the Plan	\$500.00	<input type="checkbox"/> COAP (CSRS / FERS)	\$35" .00
<input type="checkbox"/> Add QUICKQDRO™ Rush Service (For one plan. Call for multiple Orders are extra call for rates) (48-hour business day turn-around via fax or e-mail)	\$150.00	<input type="checkbox"/> Add 2nd ACCUQDRO™ Date of Plan Entry: Plan Name:	\$35" .00	<input type="checkbox"/> Railroad Tier II Order	\$35" .00
<input type="checkbox"/> QDRO Dollars Appraisal (Calculates a %, \$ amount, length of service, interest, etc.)	\$295.00	<input type="checkbox"/> Add 3rd ACCUQDRO™ Date of Plan Entry: Plan Name:	\$295.00	<input type="checkbox"/> Military Order	\$35" .00
<input type="checkbox"/> Sample Language:	\$195.00	<input type="checkbox"/> Change provision(s) in Prior DRO (Request a section(s) change on a completed order)		<input type="checkbox"/> IRA Transfer 408(d)6 Order	\$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		(Please type full name which will electronically validate form when sent via email)	