PENSION EVALUATORS® AT TROYAN, INC.®

State or Local Government Plan 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: ☐ 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 STATE OR LOCAL GOVERNMENT PLANS
(Please choose one in each category below)

Plan Administrator / Contact Name:	Company Name:
Street Address / P.O. Box #/ Suite #:	

City:	State:	Zip Code:	Phone:	E-mail:

Date of Plan Entry:	Plan Name:

Alternate Payee's Assignment of Benefits:

☐ 50% of Coverture (Marital Fraction) Traditional Coverture Approach (50% of Marital Portion based on Years Earned During Marriage Divided By Total Years of Service at Participant's Date of Retirement or Alternate Payee's Elected Benefit Commencement Date, if earlier

☐ _____ % of Coverture (Marital Fraction) Non-Traditional Coverture Approach (this % of Marital Portion based on Years Earned During Marriage Divided By Total Years of Service at Participant's Date of Retirement or Alternate Payee's Elected Benefit Commencement Date, if earlier

☐ _____ % Percent of Total Benefit as of the Date of Retirement: The Alternate payee will receive this percentage of the total accrued benefit to be determined by the Plan as of the Participant's Date of Retirement inclusive of any pre-marital and post-marital credited service.

☐ _____ % of Accrued Benefit "Frozen" as of _____/_____/_____

☐ $ _____ per month, at participant's normal retirement age

☐ Other (Specify):

Yes	No	(Please Select Each Item as Applicable)
☐	☐	***Add pre-retirement disability protection*** Clause (assuming this plan administrator offers this option);
☐	☐	***Qualified Pre-Retirement Survivor Annuity ("QPSA")*** protection for Alternate Payee;
☐	☐	***Qualified Post-Retirement Joint & Survivor Annuity ("QJSA")*** protection for Alternate Payee (not applicable, if you checked ***"Separate Interest"*** Approach above);
☐	☐	"Pro rata" Share of ***Early Retirement Subsidy*** and/or ***Temporary Supplements***, if any;
☐	☐	"Pro rata" Share of ***Post-Retirement COLA Adjustments***, if any. If available, should the Participant be required to designate the Alternate Payee as the beneficiary for the Marital Portion of any Pre-Retirement or Post-Retirement Group Life Insurance? NOTE: Unless a Benefit Option is designated, benefits will only be paid by the Plan to the Alternate Payee for the lifetime of the Participant.
☐	☐	Pensioner is retired and currently collecting his/her pension If you checked "yes," check which option he/she elected that named the Alternate Payee herein as Beneficiary.
☐	☐	Add COLA (Cost of Living Adjustments) to Alternate Payee (if available)

☐ Joint & 100% Survivor annuity   ☐ Joint & 50% Survivor annuity   ☐ Joint & 25% Survivor annuity   ☐ Marital portion of Benefit   ☐ Other   ☐ Unknown

If the Plan permits a survivor annuity the Participant shall select a Joint and Survivor Annuity for the Alternate Payee in the event the Participant predeceases the Alternate Payee or is the benefit going to be the maximum single life annuity?

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 & 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	☐ 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	Credit Card Number:	Expiration Date:
Charge Credit/Debit Card in the Amount of $	Billing Street # or PO Box #:	Billing Zip Code:
☐ **Check**	Print Cardholder's Name:	
Enclosed in the Amount of $	Cardholder's Signature:	
If Attorney Card Payment on Behalf of: ☐ Husband ☐ Wife	(Please type full name which will electronically validate form when sent via email)	EASYPAY