



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

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TIAA/CREF 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 TIAA/CREF (TEACHERS INSURANCE AND ANNUITY ASSOCIATION - COLLEGE RETIREMENT EQUITIES FUND)

(Please check all that apply)

Percent or Dollar Amount to be awarded to the Alternate Payee:

Check one box and complete any data associated with your selection.

☐ If your account is in the form of a **monthly annuity** complete only this section.

- ☐ 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.
- ☐ _____% 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):

If your account is in the form of a dollar cash value select complete only this section.

- ☐ If you select 50% of the participant's entire account such would be a proportionate share from all contracts held within the participant's account.
- ☐ Specify Percent: _____% or a Dollar Amount of: \$_____ as of (Specify Date): ____/____/____ from all contracts held within the participant's account.
- ☐ Specify Percent: _____% or a Dollar Amount of: \$_____ as of (Specify Date): ____/____/____ from each contracts held within the participant's account.
(Fill in the Participant Annuities)

continued on next page

TIAA RA No: _____ % or \$ _____ TIAA RA No: _____ % or \$ _____ TIAA RA No: _____ % or \$ _____ TIAA Group Retirement Annuity (GRA) Contracts: TIAA GRA No: _____ % or \$ _____ TIAA GRA No: _____ % or \$ _____ TIAA GRA No: _____ % or \$ _____ TIAA Supplemental Retirement Annuity (SRA) Contracts: TIAA SRA No: _____ % or \$ _____ TIAA SRA No: _____ % or \$ _____ TIAA SRA No: _____ % or \$ _____ TIAA Group Supplemental Retirement Annuity (gSRA) Certificates: TIAA gSRA No: _____ % or \$ _____ TIAA gSRA No: _____ % or \$ _____ TIAA gSRA No: _____ % or \$ _____ TIAA Minimum Distribution Option Annuity (MDO) Contracts: TIAA MDO No: _____ % or \$ _____ TIAA MDO No: _____ % or \$ _____ TIAA MDO No: _____ % or \$ _____ TIAA Interest Only Option (IO) Contracts: TIAA IO No: _____ % or \$ _____ TIAA IO No: _____ % or \$ _____ TIAA IO No: _____ % or \$ _____	CREF RA No: _____ % or \$ _____ CREF RA No: _____ % or \$ _____ CREF RA No: _____ % or \$ _____ CREF Group Retirement Annuity (GRA) Certificates: CREF GRA No: _____ % or \$ _____ CREF GRA No: _____ % or \$ _____ CREF GRA No: _____ % or \$ _____ CREF Supplemental Retirement Annuity (SRA) Certificates: CREF SRA No: _____ % or \$ _____ CREF SRA No: _____ % or \$ _____ CREF SRA No: _____ % or \$ _____ Contracts: CREF Group Supplemental Retirement Annuity (gSRA) CREF gSRA No: _____ % or \$ _____ CREF gSRA No: _____ % or \$ _____ CREF gSRA No: _____ % or \$ _____ CREF Minimum Distribution Option Annuity (MDO) Certificates: CREF MDO No: _____ % or \$ _____ CREF MDO No: _____ % or \$ _____ CREF MDO No: _____ % or \$ _____ TIAA Transfer Payout Annuity (TPA) Contracts: TIAA TPA No: _____ % or \$ _____ TIAA TPA No: _____ % or \$ _____ TIAA TPA No: _____ % or \$ _____
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Check One: *Termination/Reaffirmation of Alternate Payee's status as beneficiary of record for all annuity contracts or individual life insurance funded through TIAA-CREF on the life of the Participant.*

☐ Termination - As of the date of TIAA-CREF's receipt of the QDRO, all TIAA-CREF benefits otherwise payable to the Alternate Payee as beneficiary are payable shall be paid to the estate of the Participant.

☐ Reaffirmation - The Alternate Payee is to remain beneficiary as per existing designation.

☐ Yes ☐ No Participant retains the right to change his/her beneficiary designation.

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™ Basic 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 & Premier 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) \$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 <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™ \$350.00 <small>Date of Plan Entry: Plan Name:</small>	<input type="checkbox"/> Add 4th ACCUQDRO™ \$295.00 <small>Date of Plan Entry: Plan Name:</small>
<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 <small>Date of Plan Entry: Plan Name:</small>	<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. [i](#)

<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: _____ <small>(Please type full name which will electronically validate form when sent via email)</small>
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