

## PENSION EVALUATORS® & QDROs at TROYAN, INC.® & ASSOCIATES GROUP

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Dedicated Lawyers' LEGAL SERVICES
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## ACTUARIAL DEFINED CONTRIBUTION PENSION EVALUATION FOR DIVORCE Checklist Blue Form ACCUCALC® REQUESTING ATTORNEY OR CLIENT DEMOGRAPHIC INFORMATION Order Request Date:

ir you are a Part	y in this action	and requesting the repoi	rt yours	seir piease compiete this sect	tion witi	n your information	1.
Attorney/Client Name:					Phone Number:		
Firm Name:					Fax Number:		
Street Address / PO Box / Suite:							
City:		State: Zip Cod		ode: Email:			
Party you Represent: Husband Wif	e Both	(Select One) Attorney	/	Joint Retainer Court	t Appoint	ment Media	ator Collaborator
Opposing Attorney's Name: (complete this section only if to provide copy of report)					Phone Number:		
Firm Name:					Fax Number:		
Street Address / PO Box / Suite:							
City:		State: Zip Code:		Email:			
Pensioner Name:	Pension Plan Name:					Date of Marriage:	
Date of Birth:  Gender: Male Female	Date Entered Plan:  Breaks in Service Dates: Total Time:  Or Start Date:  Return Date:					End of Marriage / Cutoff Date: (IFSTILL MARRIED INPUT CURRENT AGE) (URISDICTIONAL END OF MARRIAGE DATE: Date the Complaint for Divorce is filed. If there is none filed use current date. [Colorado Revised Statutes; Article 10, Section 14-10-113])	
□ Present Value (Typically the Standard) State of Action/Divorce: Colorado Evaluation Date: (If other than the standard of present day value specify date)							
Pension Evaluation Services/Fees							
This method creates a fraction of total years in the plan through the account balance as of the End of Marriage Date over the total martial years contributing to the plan. A fraction is created and run against that balance. This method creates the actuarial reduction to marital/community value based on the length of plan contribution to the End of Marriage Date. In other words, that account balance is multiplied by the coverture fraction to determine the value of the account for marital/community property. In sum the coverture fraction isolation method is based on time sensitive calculations which are applied to the account balance as of the End of Marriage Date, creating the coverture fraction to that balance. The result is the value of the account for Marital/Community Property. Required is account balance as of the end	on or about the End of Marriage Date. The account balance as of the End of Marriage Date is then subtracted from the account balance as of the Date of Marriage. The difference in the account balances is the value of the account for Marital/Community Property. Required is the account balances as of the date of marriage and as of the end of marriage date.			Pre/Post Marital Tracing/Segregation Methal Enter Total Marital Years -  This method as it states, subtracts the partial amount from the amount on about the End of Marriage Date. The according balance as of the End of Marriage Date then subtracted from the account balance of the Date of Marriage. The difference in account balances is the value of the according Marriage and as of the end of marriage deformed the account balances as of the date marriage and as of the end of marriage deformed to end of the end of marriage deformed the office for further term rates. It is also based on quarterly or annual statemes supplied to this office). The result of appraisal following the passive apprecial method shall also identify actual growth the Pre-marital component adjusted for eand every statement supplied. If so statements aren't available please let know and we can apply actuarial smoothing any period.		particular the pre- imount on or te. The account arriage Date is built balance as ifference in the of the account ty. Required is the date of marriage date. I years please term rates. (fee the please term the ty appreciation the date of this ty appreciation the date of the ty ty app	Add QUICKCALC® \$500.00 Rush Service  Note fee applies to one plan. For multiple plans, and additional services, please call for rates.
of marriage date.		Credit/Deb	oit Card	Number:		Expiration Da	ate: CVV:













Billing Zip Code:

Charge Credit/Debit Card in the Amount of \$



**Enclosed in the Amount of \$** 

If Attorney Card Payment on Behalf

Husband

Wife

Billing Street # or PO Box #:

Print Cardholder's Name: Cardholder's Signature: