

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 Code		ode: Email:			
Party you Represent: Husband Wif	e Both	(Select One) Attorney	,	Joint Retainer Court	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:	Date Entered Plan: Norn			rmal Retirement Age:	Il Retirement Age: End of Marriage.		
Gender: Male Female	Breaks in Service Dates: Total Time: or Start Date: Return Date:					(JURISDICTIONAL END OF MARRIAGE DATE: Date the Complaint for Divorce is filed. If there is none filed use current date. [Kentucky Revised Statutes; Title 35, Chapter 403.190])	
□ Present Value (Typically the Standard) State of Action/Divorce: Kentucky Evaluation Date: (If other than the standard of present day value specify date)							
Pension Evaluation Services/Fees							
Coverture Fraction Method \$250.00	Subtraction Method \$400.00			Pre/Post Marital Tracing/Segregation Method Enter Total Marital Years -			Add QUICKCALC [©] \$500.00 Rush Service
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 of marriage date.	pre-mar on or ab The acco Marriago the acco Marriago account account Property balance and as o	thod as it states, subtractital amount from the amout the End of Marriage I count balance as of the End of the Date is then subtracted bunt balance as of the Date. The difference in balances is the value of for Marital/Commu. Required is the access as of the date of marriage date.	ount Date. Ind of from the of the unity ount riage	This method as it stat marital amount from about the End of Marribalance as of the End then subtracted from the subtracted from the Date of Marriage account balances is the for Marital/Community the account balances marriage and as of the For client accounts abcontact the office for for based on quarterly comportant to this office appraisal following the method shall also iden the Pre-marital component every statement statements aren't avait know and we can apply any period.	the a age Dar I of M he according to the control of	amount on or te. The account arriage Date is bunt balance as ifference in the of the account ty. Required is the date of marriage date. 1 years please term rates. (fee ual statements result of this we appreciation rual growth on justed for each lied. If some please let us	Note fee applies to one plan. For multiple plans, and additional services, please call for rates.
Credit/Debit Card Number: Expiration Date: CW:							













Billing Zip Code:

Charge Credit/Debit Card in the Amount of \$

Enclosed in the Amount of \$ If Attorney Card Payment on Behalf

Husband

Wife

Print Cardholder's Name: Cardholder's Signature:

Billing Street # or PO Box #: