

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

National Toll Free Number: 800.221.0706 | Fax: 732.212.1113 Dedicated Lawyers' LEGAL SERVICES Nationwide Expert Actuarial Pension Appraisal & QDRO Preparation Firm email: info@Pension-Evaluators.com | website: http://www.pension-evaluators.com | P.O. Box 8722, Red Bank, NJ 07701

ACTUARIAL DEFINED CONTRIBUTION PENSION EVALUATION FOR DIVORCE Checklist Blue Form ACCUCALC®

REQUESTING ATTORNEY OR CLIENT DEMOGRAPHIC INFORMATION

Order Request Date:

If you are a Party in this action and requesting the report yourself please complete this section with your information.

Attorney/Client Name:					Phone Number:		
Firm Name:					Fax Number:		
Street Address / PO Box / Suite:							
City:		State: Zip Code:		Email:	Email:		
Party you Represent: Husband Wif	e Both	(Select One) Attorney	/	Joint Retainer Court	t Appoin	tment Media	ator Collaborator
Opposing Attorney's Name: (complete this section only if to provide copy of report)					Phone Number:		
Firm Name:				Fax N		lumber:	
Street Address / PO Box / Suite:							
City:		State: Zip Code:		Email:			
Pensioner Name: Pension Plan Na		Name:				Date of Marriage:	
Date of Birth: Date Entered Plan:			Normal Retirement Age:			End of Marriage / Cutoff Date: (IF STILL MARRIED INPUT CURRENT AGE)	
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. [Louisiana Civil Code Annotated; Article 121 and Louisiana Statutes Annotated; Article 9, Chapter 384])	
Present Value (Typically the Standard) State of Action/Divorce: Louisiana Evaluation Date: (If other than the standard of present day value specify date)							
Pension Evaluation Services/Fees							
Coverture Fraction Method \$250.00 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.	This method as it states, subtracts the pre-marital amount from the amount 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 for Marital/Community Property. Required is the account balances as of the date of marriage and as of the end of marriage date. Enter Total Marit This method as marital amoun about the End balance as of then subtracted for Marital/Com the account balance account balance and as of the end of marriage date. Marriage and a For client account supplied to the appraisal follow method shall a the Pre-marital and every st statements are know and we ca any period.			Enter Total Marital Years This method as it stat marital amount from about the End of Marri balance as of the Enc then subtracted from ti of the Date of Marriage account balances is the for Marital/Community the account balances marriage and as of the For client accounts al contact the office for f based on quarterly of supplied to this office appraisal following the method shall also iden the Pre-marital compor and every statement statements aren't ava know and we can apply	ears - states, subtracts the pre- om the amount on or the amount on or by the amount on or For multiple plans, a		Note fee applies to one plan. For multiple plans, and additional services, please call
Charge Credit/Debit Card in the Amount of \$ Check Enclosed in the Amount of \$ If Attorney Card Payment on Behalf Husband Wife		Billing Stree Print Cardh Cardholder	Credit/Debit Card Number: Billing Street # or PO Box #: Print Cardholder's Name: Cardholder's Signature:			Expiration Date: CVV: Billing Zip Code:	