

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: Stat		State:	ate: Zip Code:		Email:		
Party you Represent: Husband Wif	e Both	(Select One) Attorn	ey	Joint Retainer Court	Appoin	tment Media	tor Collaborator
Opposing Attorney's Name: (complete this section only if to provide copy of report)		Phon		Phone	e Number:		
Firm Name:					Fax Number:		
Street Address / PO Box / Suite:							
City:		State: Zip Code:		Email:	Email:		
Pensioner Name: Pension Plan Name:		Name:	me:			Date of Marriage:	
Date of Birth: Date Entered Pla		d Plan:	Plan: Normal Retirement Age:			End of Marriage / Cutoff Date: (IF STILL MARRIED INPUT CURRENT AGE)	
	i de Datas				(JURISDICTIONAL END OF MARRIAGE DATE: Date the Complaint for		
Gender: Male Female Breaks in Service Dates: Total Time: or S			Start Date: Return Date:			Divorce is filed. If there is none filed use current date. [North Dakota Century Code; Volume 3A, Chapter 14-05-24])	
Present Value (Typically the Standard) State of Action/Divorce: North Dakota 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	Subtraction Method\$400.00This method as it states, subtracts the pre-marital amount from the amount			Pre/Post Marital Tracing/Segreg Enter Total Marital Years - This method as it states, subt marital amount from the ar		otracts the pre- amount on or	cts the pre- bunt on or For multiple plans, and
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. The result is the value of the account for Marital/Community Property. Required is account balance as of the end of marriage date.	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/Communit Property. Required is the account balances as of the date of marriage and as of the end of marriage date.			about the End of Marria balance as of the End then subtracted from the of the Date of Marriage account balances is the for Marital/Community the account balances marriage and as of the For client accounts ab contact the office for f based on quarterly of supplied to this office appraisal following the method shall also iden the Pre-marital compon and every statement statements aren't ava know and we can apply any period.	l of M he acco . The c value Proper as of end of pove 2 urther or ann e). The passiv tify acc hent ad supp ilable	arriage Date is bunt balance as lifference in the of the account ty. Required is f the date of f marriage date. 1 years please term rates. (fee ual statements result of this ve appreciation tual growth on justed for each lied. If some please let us al smoothing to	additional services, please call for rates.
AN AFFINIPAY SOLUTION	VISA	Credit/De	redit/Debit Card Number:			Expiration Da	te: CVV:
		Billing St	Billing Street # or PO Box #:				Billing Zip Code:
Charge Credit/Debit Card in the Amount of \$			Print Cardholder's Name:				
Check Enclosed in the Amount of \$ If Attorney Card Payment on Behalf Husband Wife			Cardholder's Signature:				