Billing Zip Code:



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

National Toll Free Number: 800.221.0706 | Fax: 732.212.1113
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:

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 Wife	fe Both	(Select One) Attorney	У	Joint Retainer Court	t Appoint	tment 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 Co	Zip Code: Email:				
Pensioner Name:	Pension Plar	Pension Plan Name:				Date of Marriage:		
Date of Birth:	Date Entered	d Plan:	ormal Retirement Age:		End of Marriage / Cutoff Date: (FSTILL MARRIED INPUT CURRENT AGE) (JURISDICTIONAL END OF MARRIAGE DATE: Date the Complaint for			
Gender: Male Female	Breaks in Sen Total Time:	rvice Dates: or Start Date:		Return Date:		Divorce is filed. If there is none filed use current date. (Oregon Revised Statutes; Volume 2, Sections 107.036 and 107.105])		
□ Present Value (Typically the Standard) State of Action/Divorce: Oregon Evaluation Date: (If other than the standard of present day value specify date)								
Pension Evaluation Services/Fees								
Coverture Fraction Method \$250.00	ethod \$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.	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.			This method as it states, subtracts the premarital 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 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. For client accounts above 21 years please contact the office for further term rates. (fee based on quarterly or annual statements supplied to this office). The result of this appraisal following the passive appreciation method shall also identify actual growth on the Pre-marital component adjusted for each and every statement supplied. If some statements aren't available please let us know and we can apply actuarial smoothing to any period.			Note fee applies to one plan. For multiple plans, and additional services, please call for rates.	
Credit/Debit Card Number: Expiration Date: CW:								

Billing Street # or PO Box #:

Print Cardholder's Name:

Cardholder's Signature:

Charge Credit/Debit Card in the Amount of \$

If Attorney Card Payment on Behalf

Enclosed in the Amount of \$

Husband

Wife