

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

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Dedicated Lawyers' LEGAL SERVICES
Nationwide Expert Actuarial Pension Appraisal & QDRO Preparation Firm
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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 Part	y in this action	and requesting the repo	rt your	self please complete this sect	tion witl	h your informatior	1.	
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 Both		(Select One) Attorney Joint Retainer Court			Appointment Mediator 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: Em		Email:	il:		
Pensioner Name:	Pension Plan Name:					Date of Marriage	2:	
Date of Birth: Gender: Male Female	Date Entered Plan: Nor Breaks in Service Dates: Total Time: or Start Date:			(FSTILL MARRIED (JURISDICTION Divorce is filed		(IF STILL MARRIED INPUT CI (JURISDICTIONAL END Divorce is filed. If there Consolidated Statutes	of Marriage / Cutoff Date: L MARRIED INPUT CURRENT AGE) SDICTIONAL END OF MARRIAGE DATE: Date the Complaint for ce is filed. If there is none filed use current date. (Pennsylvania blidated Statutes Annotated; Title 23, Sections 3501, 3502, and	
□ Present Value (Typically the Standard) State of Action/Divorce: Pennsylvania Evaluation Date: (If other than the standard of present day value specify date)							v data)	
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 of marriage date.	This met pre-mari on or ab The acco Marriage account account Property balances and as o	r. Required is the acc s as of the date of mar f the end of marriage dat	Enter Total Marital Tracing/Segregation Method Enter Total Marital Years - 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.			Add QUICKCALC® \$500.00 Rush Service Note fee applies to one plan. For multiple plans, and additional services, please call for rates.		
LawPay		Credit/Deb	oit Card	d Number:		Expiration Da	ate: CVV:	













Billing Street # or PO Box #:

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: