

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:

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

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Attorney/Client Name:					Phone Number:			
Firm Name:					Fax Number:			
Street Address / PO Box / Suite:								
City:		State: Zip Code:		Email:				
Party you Represent: Husband Wif	(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:		Email:	mail:			
Pensioner Name:	Pension Plan Name:				Date of Marriage:			
Date of Birth: Gender: Male Female	Date Entered Breaks in Sen Total Time:		Norr	mal Retirement Age: Return Date:		End of Marriage / Cutoff Date: (IF STILL MARRIED INPUT CURRENT AGE) (JURISDICTIONAL END OF MARRIAGE DATE: Date the Complaint for Divorce is filed. If there is none filed use current date. [South Dakota Codified Laws; Title 25, Chapters 25-4-44 and 25-4-45.1 and South Dakota Case Law])		
□ Present Value (Typically the Standard) State of Action/Divorce: South Dakota 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			0.00	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-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 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 marital amount from the amount about the End of Marriage Date. The balance as of the End of Marriage then subtracted from the account ba of the Date of Marriage. The different account balances is the value of the for Marital/Community Property. Rec the account balances as of the marriage and as of the end of marria For client accounts above 21 years contact the office for further term re based on quarterly or annual sta supplied to this office). The result appraisal following the passive app method shall also identify actual greather Pre-marital component adjusted and every statement supplied. I statements aren't available please know and we can apply actuarial smoot any period.		amount on or te. The account larriage Date is bunt balance as difference in the of the account rty. Required is f the date of f marriage date. It years please term rates. (fee in the lattern rate) to this we appreciation tual growth on lijusted for each blied. If some please let us	Note fee applies to one plan. For multiple plans, and additional services, please call for rates.	
LAW PAY Credit/Debit Card Number: Expiration Date: CW:								

AN AFFINIPAY SOLUTION











Billing Street # or PO Box #:

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 Zip Code: