



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 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:
Party you Represent: Husband Wife Both		(Select One) Attorney	Joint Retainer	Court Appointment	Mediator Collaborator
Opposing Attorney's Name: <small>(complete this section only if to provide copy of report)</small>				Phone Number:	
Firm Name:				Fax Number:	
Street Address / PO Box / Suite:					
City:		State:	Zip Code:		Email:
Pensioner Name:		Pension Plan Name:			Date of Marriage:
Date of Birth:	Date Entered Plan:		Normal Retirement Age:		End of Marriage / Cutoff Date: <small>(IF STILL MARRIED INPUT CURRENT AGE)</small>
Gender: Male Female	Breaks in Service Dates: Total Time: or Start Date:		Return Date:		<small>JURISDICTIONAL END OF MARRIAGE DATE: Date the Complaint for Divorce is filed. If there is none filed use current date. [Revised Code of Washington Annotated; Title 26, Chapters 26.09.080, 26.16.010, 26.16.020, 26.16.030, and 26.16.220])</small>
<input type="checkbox"/> Present Value (Typically the Standard) State of Action/Divorce: Washington Evaluation Date: (If other than the standard of present day value specify date)					

Pension Evaluation Services/Fees

<p>Coverture Fraction Method \$250.00</p> <p>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 marital 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 coverage fraction to determine the value of the account for marital/community property. In sum the coverage 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 coverage 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.</p>	<p>Subtraction Method \$400.00</p> <p>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 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.</p>	<p>Pre/Post Marital Tracing/Segregation Method</p> <p>Enter Total Marital Years -</p> <p>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 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.</p>	<p>Add QUICKCALC® \$500.00 Rush Service</p> <p>Note fee applies to one plan. For multiple plans, and additional services, please call for rates.</p>
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Credit/Debit Card Number:

Expiration Date:

CW:

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 \$

Cardholder's Signature:

If Attorney Card Payment on Behalf Husband Wife