Billing Zip Code:

Order Request Date:



## 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

ii you ale a rait	y III ti iis action	rand requesting the repor	t yours	sell please complete this sect	LIOIT WILL	i your illioilliatioi	1.
Attorney/Client Name:					Phone Number:		
Firm Name:					Fax Number:		
Street Address / PO Box / Suite:							
City:		State: Zip Code:		Email:			
Party you Represent: Husband Wif	e Both	(Select One) Attorney	,	Joint Retainer Court	Appoin	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:	e: Zip Code:		Email:	Email:	
Pensioner Name:	Pension Plan	Pension Plan Name:				Date of Marriage:	
Date of Birth:	Date Entered	d Plan:	rmal Retirement Age:	End of Marriage / Cutoff Date:  (IF STILL MARRIED INPUT CURRENT AGE)			
Gender: Male Female	Breaks in Ser Total Time:	vice Dates: or Start Date:		Return Date:	(JURISDICTIONAL END OF MARRIAGE DATE: Da Divorce is filed. If there is none filed use curren Statutes Annotated; Sections 766.01 to 766.97		
□ Present Value (Typically the Standard) State of Action/Divorce: <b>Wisconsin</b> 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			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-mar on or ab The acco Marriage the account account Property balances and as o	thod as it states, subtract: ital amount from the am yout the End of Marriage I yount balance as of the Er e Date is then subtracted; yount balance as of the Da e. The difference in balances is the value of for Marital/Common or, Required is the acc s as of the date of marri f the end of marriage date	ount Date. nd of from te of the f the unity ount riage	This method as it stat marital amount from about the End of Marribalance as of the End then subtracted from the subtracted from the Date of Marriage account balances is the for Marital/Community the account balances marriage and as of the For client accounts all contact the office for for based on quarterly complied to this office appraisal following the method shall also iden the Pre-marital component and every statement statements aren't avaknow and we can apply any period.	the a age Da A of M he account of the count	amount on or te. The account arriage Date is bunt balance as lifference in the of the account ty. Required is the date of marriage date. 1 years please term rates. (fee ual statements result of this we appreciation tual growth on justed for each lied. If some please let us	Note fee applies to one plan. For multiple plans, and additional services, please call for rates.
LAWPAY 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