



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

National Toll Free Number: 800.221.0706 | Fax: 732.212.1113

Dedicated Lawyers' LEGAL SERVICES

Nationwide Expert Actuarial Pension Appraisal & QDRO Preparation Firm

email: info@Pension-Evaluators.com | website: http://www.pension-evaluators.com | P.O. Box 8722, Red Bank, NJ 07701

Corporate or Union Cash DC QDRO Checklist Blue Form ACCUQDRO®

REQUESTING ATTORNEY OR CLIENT DEMOGRAPHIC INFORMATION

Order Request Date:

If you are a Party in this action and requesting the QDRO 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

Attorney/Client Name:				Phone Number:			
Firm Name:				Fax Number:			
Street Address / PO Box / Suite:							
City:		State:		Zip Code:		Email:	

PLAN PARTICIPANT

Pensioner's Name:			Date of Birth:			Social Security Number:			
Street Address / P.O. Box #/ Suite #:						Date of Marriage:			
City:		State:		Zip Code:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Terminated/Date: <input type="checkbox"/> Retired/Date:	

FORMER SPOUSE (Alternate Payee)

QDRO Receiver's Name:		Date of Birth:		Gender: Male Female		Social Security Number:			
Street Address / P.O. Box #/ Suite #:					City:		State:		Zip Code:

COURT DATA

Specify Divorce Document Filed:			Docket / Index / Case No.:			Date Filed:			
State Filed:		County Filed:		Plaintiff/Petitioner:			Defendant/Respondent:		

* Please submit pertinent pages of the Separation Agreement, Judgement entry or Post-Decree Language along with full payment. (Be sure to include the first page so that we may add the case caption to the draft). If there is other relevant information, kindly bring same to our attention. **Provide Pension or retirement account statement(s) subject to QDRO(s).

PLAN ADMINISTRATOR

Plan Administrator / Contact Name:			Email:			Company Name:		
Address:								

Plan Name:			Account No.:					
Amount Assigned to Alternate Payee:			Investment Gains/Losses:			Loans:		
<input type="checkbox"/> 50% of Total Account balance as of:			<input type="checkbox"/> the Alternate Payee's share shall include interest and/or investment gains/losses attributable to his/her share of the benefit period subsequent to the determination date until the date of distribution.			<input type="checkbox"/> The Alternate Payee's share shall of the benefits will be calculated after the loan amount is subtracted from the Participant's total vested account balance.		
<input type="checkbox"/> % of Total balance as of:			<input type="checkbox"/> the Alternate Payee's share shall NOT include interest and/or investment gains attributable to his/her share of the benefit period subsequent to the determination date until the date of distribution.			<input type="checkbox"/> The Alternate Payee's share shall of the benefits will be calculated before the loan amount is subtracted from the Participant's total vested account balance.		
\$ balance as of:						<input type="checkbox"/> Not Applicable		
<input type="checkbox"/> Other:								

QDRO SERVICES/FEES (Check appropriate box(s) based on the services required)

ACCUQDRO® Basic Service (Per QDRO): (401(k) type) Plan) Includes pre-approval submission to the Plan Administrator (If ordering multiple QDROs Enter No.): =		<input type="checkbox"/> ACCUQDRO® Premium Service (Per QDRO): (401(k) type) Plan) Includes pre-approval & formal qualifications submissions to the Plan Administrator (If ordering multiple QDROs Enter No.): =		<input type="checkbox"/> QUICKQDRO® Rush Service (Per QDRO): \$200.00 Provide QDRO Language for Agreement: \$250.00 <input type="checkbox"/> QDRO Dollar Appraisal: \$350.00	
Change provision(s) in Prior QDRO: \$250.00		ACCUQDRO® Void a Prior QDRO Service: \$750.00		Review 1 Drafted Order: \$350.00	



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