



PENSION EVALUATORS[®] AT TROYAN, INC.[®]

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Corporate or Union Monthly Annuity DB QDRO Checklist Blue Form ACCUQDRO[™]

This form may be submitted via mail, fax or email to this office

Order Request Date:

REQUESTING ATTORNEY INFORMATION

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

Name:				Phone Number:	
Firm Name:				Fax Number:	
Street Address / P.O. Box #/ Suite #:					
City:	State:	Zip Code:	Phone:	E-mail:	
Party you Represent: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both (Select One <input type="checkbox"/> Joint Retainer / <input type="checkbox"/> Court Appointment / <input type="checkbox"/> Mediator / <input type="checkbox"/> Collaborator)					

OPPOSING ATTORNEY INFORMATION

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

Name:				Phone Number:	
Firm Name:				Fax Number:	
Street Address / P.O. Box #/ Suite #:					
City:	State:	Zip Code:	Phone:	E-mail:	
Party you Represent: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both (Select One <input type="checkbox"/> Joint Retainer / <input type="checkbox"/> Court Appointment / <input type="checkbox"/> Mediator / <input type="checkbox"/> Collaborator)					

EMPLOYED SPOUSE'S DATA

Name:			Date of Birth:		Social Security Number:	
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:
Street Address / P.O. Box #/ Suite #:			Date of Marriage:		Asset Cutoff Date:	

NON-EMPLOYED SPOUSE (Alternate Payee) Subject to QDRO(s)

Name:			Date of Birth:		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:		Defendant:

* 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.

COMPLETE THIS SECTION FOR DIRECTIVES FOR ERISA-GOVERNED "DEFINED BENEFIT" PENSION PLAN QDROS PUBLIC, NON-GOVERNMENT, COMPANY AND UNION PLANS (i.e. Apple, UPS, Verizon, Teamsters, etc.)

(Please choose one in each category below)

Plan Administrator / Contact Name:				Company Name:	
Street Address / P.O. Box #/ Suite #:					
City:	State:	Zip Code:	Phone:	E-mail:	
Date of Plan Entry:			Plan Name:		

Alternate Payee's Assignment of Benefits:

- 50% of Coverture (Marital Fraction) Traditional Coverture Approach (50% of Marital Portion based on Years Earned During Marriage Divided By Total Years of Service at Participant's Date of Retirement or Alternate Payee's Elected Benefit Commencement Date, if earlier)
- _____ % of Coverture (Marital Fraction) Non-Traditional Coverture Approach (this % of Marital Portion based on Years Earned During Marriage Divided By Total Years of Service at Participant's Date of Retirement or Alternate Payee's Elected Benefit Commencement Date, if earlier)
- _____ % Percent of Total Benefit as of the Date of Retirement: The Alternate payee will receive this percentage of the total accrued benefit to be determined by the Plan as of the Participant's Date of Retirement inclusive of any pre-marital and post-marital credited service).
- _____ % of Accrued Benefit "Frozen" as of ____/____/____
- \$ _____ per month, at participant's normal retirement age
- Other (Specify):

(Please choose one in this category, if not sure leave blank and we shall take literal interpretation of the Parties' Agreement)

Length of Benefit Payment to the Alternate Payee:

- Separate Interest over "Alternate Payee's" Life (Actuarially Adjusted) "SEPARATE INTEREST" APPROACH: Actuarially Adjusted To "Alternate Payee's" Life Expectancy; generally, Alternate Payee can commence benefits upon Participant's earliest retirement age, even if he/she is still working. (After commencement, the Alternate Payee's actuarially adjusted benefit will continue for remainder of his/her lifetime, regardless of Participant's death. Check Qualified Pre-Retirement Survivor Annuity (QPSA) Protection below to secure Alternate Payee's benefits in the event Participant dies before retirement). Important Note: Under this Approach, if Alternate Payee predeceases Participant after his/her benefit commencement date, there is generally no reversion of the benefit otherwise being paid to the Alternate to the Participant.
- Participant is currently receiving his/her pension. Shared Payment over "Participant's" Life "SHARED PAYMENT" APPROACH: The Alternate Payee will receive his/her monthly payments until the death of the Participant or Alternate Payee, whichever occurs first. If the Participant chose a Joint and Survivor Annuity for the Alternate Payee when he/she retired, the Alternate Payee will receive that benefit under the Joint and Survivor Annuity option elected for his/her lifetime in the event that the Participant predeceases the Alternate Payee.) Based on "Participant's" Life Expectancy; generally Alternate Payee "must wait" until Participant retires before he/she can commence benefits or at least his/her earliest retirement age under the plan. (After commencement, Alternate Payee's benefits will cease at Participant's Death. In order to continue benefits to Alternate Payee after Participant's death, he/she must select Qualified Post-Retirement Joint & Survivor Annuity (QJSA) Coverage below. Would still need Qualified Pre-Retirement Survivor Annuity (QPSA) Protection below to secure Alternate Payee's benefits in the event Participant dies before retirement). Important Note: Under this approach, if Alternate Payee predeceases Participant after benefit commencement date, the Alternate Payee's benefits will generally revert back to the Participant.

(Please check all that apply)

Yes	No	(Please Select Each Item as Applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Add pre-retirement disability protection Clause (assuming this plan administrator offers this option);
<input type="checkbox"/>	<input type="checkbox"/>	Qualified Pre-Retirement Survivor Annuity ("QPSA") protection for Alternate Payee;
<input type="checkbox"/>	<input type="checkbox"/>	Qualified Post-Retirement Joint & Survivor Annuity ("QJSA") protection for Alternate Payee (not applicable, if you checked "Separate Interest" Approach above);
<input type="checkbox"/>	<input type="checkbox"/>	"Pro rata" Share of Early Retirement Subsidy and/or Temporary Supplements , if any;
<input type="checkbox"/>	<input type="checkbox"/>	"Pro rata" Share of Post-Retirement COLA Adjustments , if any.

If the Plan permits a survivor annuity the Participant shall select a Joint and Survivor Annuity for the Alternate Payee in the event the Participant predeceases the Alternate Payee or is the benefit going to be the maximum single life annuity?






Joint & 100% Survivor annuity Joint & 50% Survivor annuity Joint & 25% Survivor annuity Marital portion of Benefit Other Unknown

QDRO SERVICES/FEES

Check appropriate boxes based on the service(s) required. *Services include draft Order(s) and pre-approval with plan (when permissible) Court submission & format submission separate.

<input type="checkbox"/> Troyan Basic ACCUQDRO™ Basic Service (1 Defined Benefit Annuity or Cash (401(k) type) Plan) Includes pre-approval submission to the Plan \$350.00	<input type="checkbox"/> Troyan Standard ACCUQDRO™ Premium Service (1 Defined Benefit Annuity or Cash (401(k) type) Plan) Includes pre-approval submission & Formal Qualification to the Plan \$500.00	<input type="checkbox"/> COAP (CSRS / FERS) \$350.00 <input type="checkbox"/> Railroad Tier II Order \$350.00 <input type="checkbox"/> Military Order \$350.00 <input type="checkbox"/> IRA Transfer 408(d)6 Order \$195.00
<input type="checkbox"/> Add QUICKQDRO™ Rush Service (For one plan. Call for multiple Orders are extra call for rates) (48-hour business day turn-around via fax or e-mail) \$150.00	<input type="checkbox"/> Add 2nd ACCUQDRO™ Date of Plan Entry: Plan Name: \$350.00	<input type="checkbox"/> Add 4th ACCUQDRO™ Date of Plan Entry: Plan Name: \$295.00
<input type="checkbox"/> QDRO Dollars Appraisal (Calculates a %, \$ amount, length of service, interest, etc.) \$295.00	<input type="checkbox"/> Add 3rd ACCUQDRO™ Date of Plan Entry: Plan Name: \$295.00	<input type="checkbox"/> Change provision(s) in Prior DRO (Request a section(s) change on a completed order) \$150.00
<input type="checkbox"/> Sample Language: \$195.00 <input type="checkbox"/> Review 1 Drafted Order: \$295.00	ACCUCALC® PenEval Blue Form available for immediate offset lump value dollar reports. Call for Additional Services that are not listed above.	COURT TESTIMONY: We provide expert testimony telephonically or in person at the courthouse. Request our Expert Testimony packet.

ACCUQDRO™ EASYPAY Remit payment according to the service(s) selected above. FOR FURTHER DETAILS CONTACT PENSION EVALUATORS® AT TROYAN, INC.®

<input type="checkbox"/> EasyCharge®    	Credit Card Number:	Expiration Date:
Charge Credit/Debit Card in the Amount of \$	Billing Street # or PO Box #:	Billing Zip Code:
<input type="checkbox"/> Check 	Print Cardholder's Name:	
Enclosed in the Amount of \$	Cardholder's Signature:	
If Attorney Card Payment on Behalf of: <input type="checkbox"/> Husband <input type="checkbox"/> Wife	(Please type full name which will electronically validate form when sent via email)	

