



ALL PRO QDRO, LLC  
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www.allproqdro.com

**PENSION EVALUATION CHECKLIST**  
**DEFINED BENEFIT**

**1. Party Requesting Evaluation:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email address (required ) \_\_\_\_\_

**2. Participant Information:**

Name: \_\_\_\_\_

Plan Name: \_\_\_\_\_

**3. Key Dates:**

Participant's date of birth: \_\_\_\_\_

Sex of Participant: Male \_\_\_\_\_ Female \_\_\_\_\_

Date of marriage: \_\_\_\_\_

Date Participant started in plan: \_\_\_\_\_

Cut-Off date, after which plan is no longer marital  
i.e. Date of Complaint : \_\_\_\_\_

Has the Participant terminated employment with the  
Plan Sponsor prior to retirement?: \_\_\_\_\_

If you answered "Yes" to the above question,  
provide last date of employment: \_\_\_\_\_

(Note: this will be the cut-off date if earlier than Complaint date)

Plan's regular retirement age: \_\_\_\_\_

Plan's earliest retirement age: \_\_\_\_\_

If participant is already retired, enter the date of  
retirement and date benefits began: \_\_\_\_\_

**4. "As If" Retirement Date:**

The pension benefit and marital portion will be calculated "as if" the participant works at the company until what date:

- The "cut-off" date, after which the plan is no longer marital.  
If this option is chosen, the pension's value should be calculated "as if" the plan starts to pay benefits on what date:
  - The regular retirement date; or
  - The earliest retirement date.
  
- The actual retirement date.

**5. Monthly Benefit:**

Provide a statement from the Plan indicating the estimated monthly benefit the Participant would receive at the "cut-off" date (or as close a date thereto) selected above or at the time of retirement.

Benefit statement as of "cut-off" date: \_\_\_\_\_

Benefit statement as of retirement: \_\_\_\_\_

**NOTE: THIS INFORMATION MUST BE PROVIDED IN ORDER TO PREPARE THIS REPORT.**

**6. Calculations:**

Is there a Cost of Living Adjustment (COLA) available in the plan?

If yes, enter the percent: \_\_\_\_\_

If no percent is entered we will utilize 1.2%.

Please note that unless otherwise specified, we will utilize a 5% interest/discount rate.

Other interest/discount rate: \_\_\_\_\_

**7. For State Plans Only:**

Are there any buy-back credits included in this benefit? \_\_\_\_\_

If yes, please be advised there is an additional \$100.00 fee and provide buy-back statements.

**8. Signature:**

My signature below confirms that the information provided above is accurate and complete to the best of my knowledge. I have not intentionally provided any false or misleading information nor have I purposefully omitted any information. My signature below also confirms my request that All Pro QDRO prepare a pension evaluation in this matter and that I accept the fees as indicated. I understand there is a \$100 NON-REFUNDABLE file set up fee.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**METHOD OF PAYMENT**

\_\_\_\_ Enclosed is my check payable to All Pro QDRO, LLC

\_\_\_\_ My credit card information is provided below

Credit Card Type:            Visa, Mastercard or Discover only

Credit Card Number:        \_\_\_\_\_

Security Number:            \_\_\_\_\_  
(This is the last three numbers located on the back of your card by  
or on the signature line)

Expiration Date:             \_\_\_\_\_

Name on Card:                \_\_\_\_\_

Billing zip code:             \_\_\_\_\_

Card holders phone number: \_\_\_\_\_

Amount Enclosed:            \_\_\_\_\_ \$250.00  
    \_\_\_\_\_ \$350.00 (Expedited Service within 48 hours)  
    \_\_\_\_\_ \$450.00 (Same Day Service - if available)

Checklist and documents can be mailed to our postal address or emailed to  
[info@allproqdro.com](mailto:info@allproqdro.com)