



ALL PRO QDRO, LLC
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www.allproqdro.com

PENSION EVALUATION CHECKLIST
COMPOUNDING INTEREST ADJUSTMENT FOR
DEFINED CONTRIBUTION PLAN

1. Party Requesting Evaluation:

Name: _____

Address: _____

Phone #: _____ Fax #: _____

Email address (required) _____

2. Participant Information:

Name: _____

Plan Name: _____

3. Key Dates:

Date Participant started in plan: _____

Date of marriage: _____

Marriage end date for equitable distribution
i.e. Date of Complaint : _____

4. Benefit Amount:

Provide a copy of a benefit statement indicating the value of the Plan as of the date of marriage and the marriage end date listed above.

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

5. Interest Rate:

Please note we utilize a five percent (5%) annual compounding interest rate to determine the pre-marital growth. This is our suggested rate based on the Long-Term average of the Twenty-Year Treasury Constant Maturity Rate (T-Bill).

Agree to 5% _____

Requesting alternate interest rate of: _____

This interest rate does not reflect exact account performance. Should the parties require the pre-marital to be determined based on exact account performance data, you will require the services of an accountant to calculate same.

6. 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 that \$100 of the below stated fee is NON-REFUNDABLE as 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**