



ALL PRO QDRO, LLC
P.O. Box 1600
Livingston, New Jersey 07039
(973) 716-9777 * Fax (973) 716-9877
www.allproqdro.com

PENSION EVALUATION CHECKLIST
Survivorship

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 _____

Alternate Payees's (Survivor) date of birth: _____

Sex of Alternate Payee: _____

Date of marriage: _____

Date Participant started in plan: _____

Marriage end date:

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 the marriage end date)

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Pension Evaluation Checklist

Plan's regular retirement age: _____
Plan's earliest retirement age: _____

Is the Participant retired: _____
If Participant is already retired, enter the date of retirement and date benefits began: _____

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. 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: _____

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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: _____ **\$350.00**
 _____ **\$450.00 (Expedited Service within 48 hours)**
 _____ **\$550.00 (Same Day Service - if available)**

**Checklist and documents can be mailed to our postal address or emailed to
info@allproqdro.com**