



ALL PRO QDRO, LLC
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www.allproqdro.com

PENSION EVALUATION CHECKLIST
DEFINED BENEFIT

1. Party Requesting Evaluation:

Name: _____

Address: _____

Phone #: _____

Email address (REQUIRED) _____

NOTE: Most communications with parties will be via e-mail.

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: _____

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, Discover, American Express

Credit Card Number: _____

Security Number (cvv): _____
((This is a 3 digit # for Visa, M/C, Discover and a 4 digit # for Amex)

Expiration Date: _____

Cardholder's name: _____

Billing street address: _____

Billing zip code: _____

Card holder's phone number: _____

Amount Enclosed: _____ \$300.00
 _____ \$400.00 (Expedited Service within 48 hours)
 _____ \$500.00 (Same Day Service - if available)

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