



ALL PRO QDRO, LLC
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www.allproqdro.com

PENSION EVALUATION CHECKLIST
DEFINED BENEFIT DISABILITY

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 : _____

Date of retirement?: _____

4. Final Average Salary:

Provide a document which indicates the final average salary of the Participant at the time of the disability award.

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

5. 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: _____

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 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 holders phone number: _____

Amount Enclosed: _____ \$400.00
_____ \$500.00 (Expedited Service within 48 hours)
_____ \$600.00 (Same Day Service - if available)

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