



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**  
**Survivor**

**1. Party Requesting Evaluation:**

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

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

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

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: \_\_\_\_\_

**Pension Evaluation Checklist- Page 3**

**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**