



ALL PRO QDRO, LLC
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PENSION EVALUATION CHECKLIST
DEFINED BENEFIT

1. Party Requesting Evaluation:

Name: _____

Address: _____

Phone #: _____ Fax #: _____

Email address (required if no Fax # is provided) _____

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: _____

Marriage end date for equitable distribution
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)

Plan's regular retirement age: _____

Plan's earliest retirement age: _____

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

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 (if employee is retired).

5. Monthly Benefit:

Provide the estimated monthly benefit the Participant would receive based at current salary levels if he or she retired at the "cut-off" date (or as close a date thereto) selected above.

Enter the monthly benefit amount: _____

_____ Estimated benefit information enclosed from Plan Administrator: _____

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%.

Which mortality table should we use?
GAM-83 (GATT) _____
GAR-94 _____
If no choice is made we will utilize the GAM-83

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 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 for \$200.00

____ Enclosed is my credit card information or law firm check (only)
payable to All Pro QDRO, LLC for \$300.00
(Expedited Service within 48 hours)

____ My credit card information is provided below

Credit Card Type: Visa or Mastercard 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 Address: _____

Amount to be Charged: _____ \$200.00
_____ \$300.00 (Expedited Service within 48 hours)

Note: If paying by credit card, a photocopy or imprint of your credit card is required for security/fraud purposes. Please enclose this copy when returning the checklist.