



ALL PRO QDRO, LLC
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PENSION EVALUATION CHECKLIST
COVERTURE FRACTION FOR
DEFINED CONTRIBUTION PLAN

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:

Date Participant started in plan: _____

Date of marriage: _____

Marriage end date for equitable distribution
i.e. Date of Complaint : _____

Has the Participant terminated employment with the
Plan Sponsor: _____

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)

4. Benefit Amount:

Provide a copy of a benefit statement indicating the value of the Plan as of
the marriage end date listed above.

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

5. 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)