



# PENSION APPRAISERS INC.<sup>®</sup>

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## RETIREMENT BENEFITS COURT CHECKLIST THRIFT SAVINGS PLAN FOR FEDERAL EMPLOYEES

### METHOD OF PREPARING RETIREMENT BENEFITS COURT ORDER:

- \_\_\_\_\_ Option #1: Online - Complete this checklist online at [www.qdrodesk.com](http://www.qdrodesk.com). Upon completing checklist download the Order immediately. Unlimited Support 1-877-770-2270 (Toll Free) Cost - \$299
- \_\_\_\_\_ Option #2: In House - Mail this checklist with payment to Pension Appraisers. Our staff will prepare the Order and return it within 7 business days. Unlimited Support 1-800-447-0084. Cost - \$445

### Both Options are Supported by Pension Appraisers Staff

If Option #2, answer the following:

#### 1. REQUESTOR INFORMATION:

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

What is the Role or Status of the Requestor?

- \_\_\_\_\_ Attorney who represents one of the parties of the divorce. (Answer Question A.)
- \_\_\_\_\_ One of the Parties of the divorce who is represented by an attorney. (Answer Question B.)
- \_\_\_\_\_ One of the Parties of the divorce who is Pro Se / Pro Per. (Answer Question C.)

#### A. Answer if you are an Attorney:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Would you also like your Order e-mailed to you? \_\_\_\_\_ Yes \_\_\_\_\_ No

Should the Requestor's name and/or Firm Name, Address and Telephone Number appear above the Legal Caption? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes:

- \_\_\_\_\_ Requestor's Name (ONLY)
- \_\_\_\_\_ Firm's Name (ONLY)
- \_\_\_\_\_ Both Requestor's and Firm's Name

Who do you Represent?

\_\_\_\_\_ Plaintiff / Petitioner \_\_\_\_\_ Defendant / Respondent

Is this a Joint Request with opposing counsel? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes:

Should we send a copy of the Order to opposing counsel? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes:

Opposing Counsel's Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**B. Answer if you are one of the Parties of the divorce who is represented by an attorney.**

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Your Attorney's:**

Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Should your Attorney's name and/or Firm Name, Address and Telephone Number appear above the Legal Caption?  Yes  No  
**If Yes:**

\_\_\_\_\_ Attorney's Name (ONLY)  
\_\_\_\_\_ Firm's Name (ONLY)  
\_\_\_\_\_ Both Attorney's and Firm's Name

**C. Answer if you are Pro Se / Pro Per.**

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**2. COURT INFORMATION:**

Name of Court: \_\_\_\_\_  
State: \_\_\_\_\_ County: \_\_\_\_\_  
Division: \_\_\_\_\_ Docket Number: \_\_\_\_\_

Which party filed for divorce?  Husband  Wife  Both

In addition to the Judge's, what signature lines should come at the end of the Order?  
 None  
 Both Husband and Wife  
 Attorneys for Husband and Wife  
 Husband and Wife and Attorneys for Both  
Opposing Atty. Name: \_\_\_\_\_

**3. PARTICIPANT: (Employee Spouse)**

Name of Participant: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Last Known Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

4. **FORMER SPOUSE: (Non-Employee Spouse)**

Name of Alternate Payee: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last Known Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

5. **MISCELLANEOUS INFORMATION:**

Should Social Security Numbers appear in the Order? \_\_\_\_ Yes \_\_\_\_ No

Marriage Date: \_\_\_\_\_

Are the Parties Divorced? \_\_\_\_ Yes \_\_\_\_ No

If Yes:

Date of Divorce: \_\_\_\_\_

Date Marriage Ended: \_\_\_\_\_

(Cut-off date used to determine marital coverture fraction i.e. separation date, complaint date, or divorce date.)

Exact Plan Name: THRIFT SAVINGS PLAN

For an additional fee of \$50.00: Should we submit the Order to the Plan Administrator for pre-approval?

No (Only Option - this plan will not pre-approve an order)

Date Participant Joined The Plan: \_\_\_\_\_  
(cannot be before April 1, 1987, the date contributions were first accepted by the Plan )

Is the Participant still employed? \_\_\_\_ Yes \_\_\_\_ No

If No:

Termination Date: \_\_\_\_\_

Is the Participant retired and receiving retirement benefits? \_\_\_\_ Yes \_\_\_\_ No

If Yes:

Retirement Date: \_\_\_\_\_

6. **Percent or Dollar Amount of Participant's benefits to be paid by the Thrift Savings Plan to the Alternate Payee?**

\_\_\_\_\_ Percent: \_\_\_\_ % As of a Specific Date which is \_\_\_\_\_

\_\_\_\_\_ Dollar Amount: \$ \_\_\_\_\_

\_\_\_\_\_ Percent of the Marital Portion \_\_\_\_ % (we will use the date from question #5)  
(Only if the employee began participating in the plan prior to the Marriage Date)

The Qualifying Retirement Benefit Court Order must be drafted using a Percentage as of a Specific Date. In order to calculate a revised Percent to be inserted into the Order, do the following:

Step #1: Determine the following Dates.

1. The Date the Participant began participating (Start Date) in the Pension Plan.
2. The Date of Marriage.
3. The Date the Marriage Ended 9Cut-off-date or Date of Classification).

**Step #2 Determine the Marital Coverture Fraction.**

**Numerator of the Fraction:** The number of months the Employee participated in the plan during the marriage. Marriage Date to Date Marriage Ended

**Denominator of the Fraction:** The number of months the Employee participated in the plan to the Marriage End Date.

**Step #3: Determine the Revised Percent.**

Coverture Fraction multiplied by the Former Spouse's Original Percent equals the Revised Percent to be inserted in the Order.

7. Should interest or earnings be paid on the Alternate Payee's portion of the entitlement until payment is made? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes:

\_\_\_\_\_ Based on the monthly rates of return credited to the account.

\_\_\_\_\_ Based on an annual percentage rate : \_\_\_\_\_ %

\_\_\_\_\_ A per diem Dollar Amount: \$ \_\_\_\_\_

8. When will the Alternate Payee's benefits start? The Plan recognizes two types of entitlements for payment purposes: those that are currently determinable and those that can only be determined as of a future date or event. If the amount of entitlement is currently determinable, payment will be made as soon as practicable after approval. If the amount of the entitlement can only be calculated as of a future date or event, payment will occur after the earlier of: (1) The date or event described in the order or (2) The participant's separation from Federal service. (Only Option)

9. Form of Payment to the Alternate Payee: Benefits will be paid to the Alternate Payee in one payment. (Only Option) However, the Alternate Payee may request that the Plan transfer all or a portion of the payment to an Individual Retirement Account (IRA) or other eligible retirement plan.

10. Payment can be made by Check, Money Order or Credit Card.

Credit Card: \_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_ Amex \_\_\_\_\_ Discover

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

Billing address of the credit card: \_\_\_\_\_

Checks and Money Orders should be made payable to Pension Appraisers, Inc.

**PLEASE NOTE:** Requests accompanied by personal checks will be held for two weeks to ensure that the check clears.

FAX THIS REQUEST FORM TO: 610-770-9342 (only if paying by credit card)

MAIL THIS REQUEST FORM TO: Pension Appraisers, Inc., P.O. Box 4396, Allentown, PA 18105

Any questions regarding this Request Form or fees, please call us toll free at 1-800-447-0084.