



PENSION APPRAISERS INC.[®]

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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. 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
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.