



PENSION APPRAISERS INC.[®]

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MILITARY QUALIFYING COURT ORDER CHECKLIST MILITARY RETIREMENT SYSTEM (ARMY, AIR FORCE, NAVY, MARINES, COAST GUARD, AND ETC.)

METHOD OF PREPARING MILITARY QUALIFYING COURT ORDER:

Option #1: Online - Complete this checklist online at www.gdrodesk.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 7-10 business days. Unlimited Support 1-800-447-0084. Cost - \$495

Both Options are Supported by Pension Appraisers Staff

1. REQUESTOR INFORMATION:

Name: _____

Firm Name: _____ (if you are an attorney)

Attorney ID (if applicable): _____ (if you are an attorney)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

E-mail Address: _____

If you are one of the Parties of the divorce who is represented by an attorney please provide your attorney's:
(If you are an attorney and have already completed the section above please disregard.)

Name: _____

Attorney ID (if applicable): _____

Firm Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

E-mail Address: _____

Should the attorney's name and/or firm name, address and telephone number appear above the

Legal Caption? Yes No

If Yes:

_____ Attorney's Name _____ Firm's Name

Are you the (or, if attorney, who do you represent?):

_____ Plaintiff / Petitioner _____ Defendant / Respondent

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: _____

2. COURT INFORMATION:

Name of Court: _____
State: _____ County: _____
Division: _____ Docket Number: _____
Which party is considered the plaintiff/petitioner? _____ Husband _____ Wife
In addition to the Judge's, what signature lines should come at the end of the Order?
_____ None _____ Attorneys for Husband and Wife
_____ Both Husband and Wife _____ 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. ALTERNATE PAYEE: (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: _____
Cut-off date for marital property rights: _____
(Cut-off date used to determine marital coverture fraction i.e. separation date, complaint date, or divorce date.)
Exact Plan Name: MILITARY RETIREMENT SYSTEM
For an additional fee of \$50.00: Should we submit the Order to the Plan Administrator for pre-approval?
X No (Only Option - this plan will not pre-approve an order)
Date Participant Joined 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. Branch of Service:

- | | |
|--|---|
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Marine Corps |
| <input type="checkbox"/> Air Force Reserve | <input type="checkbox"/> Marine Corps Reserve |
| <input type="checkbox"/> Air National Guard | <input type="checkbox"/> Navy |
| <input type="checkbox"/> Army | <input type="checkbox"/> Naval Reserve |
| <input type="checkbox"/> Army Reserve | <input type="checkbox"/> Public Health Service |
| <input type="checkbox"/> Army National Guard | <input type="checkbox"/> National Oceanic & |
| <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Atmospheric Administration |
| <input type="checkbox"/> Coast Guard Reserve | |

7. Were the Parties married for at least 10 years of the Participant's service in the Military?

Yes No

If the answer is no, the Former Spouse cannot receive direct payment from the Military Retirement System as Marital Property. However, there is no length of marriage requirement for getting a share paid as support. If the parties were not married for 10 years should we structure the order to make direct payments for support?

Yes No

8. Percent or Dollar Amount of Member's monthly retirement benefit to be paid by the Plan to the Former Spouse? No matter which option is chosen, the payment to the Former Spouse may not exceed 50% of Member's Disposable Retired Pay.

Dollar Amount per Month: \$ _____

Percent: _____ %

Option #1: Percent of Total as of the Date of Retirement: The Former Spouse will receive a percentage of the total accrued benefit as of the the Date of Retirement. (This option includes any pre-marital and post-marital credited service).

Option #2: Percent of the Marital Portion as of the Date of Retirement:

RESERVE PERSONNEL: The Marital Property Component shall be determined by a fraction, the numerator of which is the number of points accumulated by the Participant during the marriage and the denominator of which is the total number of points accumulated by the Participant at the time of Retirement (You must obtain information relative to the number of points accumulated)

FULL TIME PERSONNEL: The Marital Property Component shall be determined by a fraction, the numerator of which is the number of months of the Participant's participation in the Plan earned during the marriage and the denominator of which is the total number of months of the Participant's participation in the Plan through Retirement.

Option #3: Percent of the Marital Portion using "Frozen" Approach:

(ONLY APPLICABLE FOR FULL-TIME ACTIVE OR ACTIVE RESERVE PERSONNEL)

RESERVE PERSONNEL: The Martial Property Component shall be determined using a "frozen" approach. The Alternate Payee shall receive _____ % of the disposable military retired pay the Participant would have received had the Participant become eligible to receive military retired pay at age 60 at the rank of _____ with _____ points and _____ years of service for basic pay purposes. (you must complete the blanks)

FULL TIME PERSONNEL: The Martial Property Component shall be determined using a "frozen" approach. The Alternate Payee shall receive _____ % of the disposable military retired pay the Participant would have received had the Member retired at the rank of _____ with _____ years of creditable service. (you must complete the blanks)

9. Should the Former Spouse receive a pro-rata share of any Cost of Living Adjustments?

Option #1 - Yes (Only option if a Percentage is stated in Question #8)

Option #2 - No

10. When will Former Spouse's benefits start?

As soon as administratively feasible following the date the Order is found to be a Retired Pay Court Order or on the date the Military Member begins receiving Disposable Retired Pay, if later. (Only Option)

11. Length of time benefits will be paid by the Plan to the Alternate Payee.
 _____ Payments to the Alternate Payee stop when either the Participant or Alternate Payee dies, or at an earlier date if desired which is _____.
12. Should the Former Spouse be entitled to a Survivor Benefit Plan (SBP) Annuity? (Means a recurring benefit that is payable, after the Military Member retires and dies, to a former spouse who has not remarried before becoming 55 years of age.)
 _____ Option #1 – No
 _____ Option #2 - Yes - Maximum Possible Annuity (55% of Retired Pay before any reductions)
13. The Member's rights under the Service Members Civil Relief Act were observed by the Court as evidenced by:
 (ONLY APPLICABLE FOR FULL-TIME ACTIVE OR ACTIVE RESERVE PERSONNEL)
 _____ The Member's presence at the divorce proceedings.
 _____ The presence of the Member's legal counsel at the divorce proceedings.
 _____ The Member's affirmative signature on the divorce decree and/or separation agreement.
14. 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.