



# 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.gdrodesk.com](http://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: THRIFT SAVINGS PLAN  
For an additional fee of \$50.00: Should we submit the Order to the Plan Administrator for pre-approval?  
SSSSS'MYg'SSSSS'Bc  
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.