

SERVICE REQUEST FORM

[Please Email this Completed Form to Sedelman@TovaRetirement.com](mailto:Sedelman@TovaRetirement.com)

SERVICES REQUESTED: QDRO PREPARATION MARITAL ANALYSIS OF DEFINED CONTRIBUTION PLANS
 PENSION VALUATION SETTLEMENT LANGUAGE DRAFTING

PLEASE PROVIDE:

FOR QDRO REQUESTS ONLY:

- Completed Service Request Form
- The relevant sections of the Settlement Agreement. (Do NOT send the full agreement only the case caption and relevant sections)
- One statement for each Plan for which a QDRO is being prepared so it can be identified correctly.
- If the Plan is a Pension, please indicate whether the Participant already receiving his/her benefit? Yes No

FOR PENSION VALUATIONS ONLY:

- Completed Service Request Form – List info for each Pension separately on the 2nd page (under Pensions)
- Statement for each Plan for accurate identification.
- Have the Plan Participant obtain a statement showing his/her “*accrued benefit amount as of the date of cut off/valuation*”.

Name of Attorney for Plan Participant (Plan owner):		
Email:	Phone:	
Name of Attorney for Alternate Payee (Receiving spouse):		
Email:	Phone:	
Court/County:	Index No.:	
Judge:		
PLAN PARTICIPANT		
Name:	SSN:	DOB:
<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant		
Mailing Address:		
E-Mail:	Phone:	
Responsibility For Our Fee:	%	
ALTERNATE PAYEE/SPOUSE		
Name:	SSN:	DOB:
Mailing Address:		
E-Mail:	Phone:	
Responsibility For Our Fee:	%	
Commencement Date:	Cut-off Date (if different):	
Date of Marriage:	If Divorced, Date of Divorce:	

REQUIRED! PLEASE COMPLETE THIS SECTION FOR EACH PENSION SEPARATELY

Employer's Name:	Date of Hire:
Name of the Plan(s):	
COMPLETE THIS SECTION FOR PENSION PLAN THAT IS IN 'PAY' STATUS:	
Date of Retirement/Termination:	Was a survivor option selected? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is pension in pay status? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, what is the annual gross benefit? \$	
Receiving Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, what type and what is the annual gross amount?	

Employer's Name:	Date of Hire:
Name of the Plan(s):	
COMPLETE THIS SECTIN FOR PENSION / DEFINED BENEFIT PLAN THAT IS IN 'PAY' STATUS:	
Date of Retirement/Termination:	Was a survivor option selected? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is pension in pay status? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, what is the annual gross benefit? \$	
Receiving Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, what type and what is the annual gross amount?	

Employer's Name:	Date of Hire:
Name of the Plan(s):	
COMPLETE THIS SECTIN FOR PENSION / DEFINED BENEFIT PLAN THAT IS IN 'PAY' STATUS:	
Date of Retirement/Termination:	Was a survivor option selected? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is pension in pay status? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, what is the annual gross benefit? \$	
Receiving Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, what type and what is the annual gross amount?	

RELEVANT NOTES (optional):