

TOVA Service Intake Form

Please Email or Fax this Completed Form to: **contact@denisatova.com** Fax: **(800) 655-4023**

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

PLEASE PROVIDE THE FOLLOWING DOCUMENTS:

FOR QDRO REQUESTS:

- Completed Service Request Form – Complete 1st page ONLY
 The relevant section of the Settlement Agreement.
 One statement for each Plan that is being “QDROed” so that it can be identified accurately.
 If the Plan is a Pension: Is the Plan Participant already receiving his/her benefit? Yes No

FOR PENSION VALUATIONS:

- Completed Service Request Form – Complete 1st and 2nd page (list details for each pension separately).
 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*”.

FOR MARITAL/NON-MARITAL TRACING ANALYSIS OF DEFINED CONTRIBUTION PLANS / IRAS:

- Completed Service Request Form – Complete Pages 1 and 3 (list details for each Plan separately).
 Retirement Account(s) statements (quarterly!) from the date of marriage through the date of cutoff.

FOR SETTLEMENT LANGUAGE DRAFTING

- Please Complete Settlement Language Request Form – Available on our website [CLICK HERE]

Attorney for Plaintiff:		
Email:	Phone:	
Attorney for Defendant:		
Email:	Phone:	
Court/County:	Index No.:	
Judge:		
PLAN PARTICIPANT (“Retirement Plan Owner”)		
Name:	SSN:	DOB:
<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant		
Mailing Address:		
E-Mail:	Phone:	
What is Your Responsibility % For Our Fee? _____%		
ALTERNATE PAYEE/SPOUSE (“Former Spouse”)		
Name:	SSN:	DOB:
Mailing Address:		
E-Mail:	Phone:	
What is Your Responsibility % For Our Fee? _____%		
Commencement Date:	Cut-off Date (if different):	
Date of Marriage:	If Divorced, Date of Divorce:	

USE THIS PAGE FOR DEFINED BENEFIT PLANS “PENSIONS” (ONLY)

REQUIRED! PLEASE COMPLETE THIS SECTION FOR EACH PLAN SEPARATELY	
Employer Name that Sponsored/Provided This Pension Plan?	Date of Hire:
Name of the Plan:	
COMPLETE THIS SECTION IF RETIRED AND ALREADY RECEIVING PENSION BENEFIT	
Date of Retirement/Termination:	Is he/she Receiving the Pension? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what is the annual gross benefit? \$	Was former spouse elected as the survivor beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did he/she Retire on Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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COMPLETE THIS SECTION IF RETIRED AND ALREADY RECEIVING PENSION BENEFIT	
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If Yes, what is the annual gross benefit? \$	Was former spouse elected as the survivor beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did he/she Retire on Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Employer Name that Sponsored/Provided This Pension Plan?	Date of Hire:
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COMPLETE THIS SECTION IF RETIRED AND ALREADY RECEIVING PENSION BENEFIT	
Date of Retirement/Termination:	Is he/she Receiving the Pension? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what is the annual gross benefit? \$	Was former spouse elected as the survivor beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did he/she Retire on Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	

RELEVANT NOTES (optional):

USE THIS PAGE FOR DEFINED CONTRIBUTION PLANS / IRAs (ONLY)

COMPLETE THIS SECTION FOR EACH PLAN SEPARATELY

Plan Name:	Name of Plan Owner:
<input type="checkbox"/> Statement(s) is being provided with this Form	<input type="checkbox"/> Is there a pre-marital balance?
Plan Name:	Name of Plan Owner:
<input type="checkbox"/> Statement(s) is being provided with this Form	<input type="checkbox"/> Is there a pre-marital balance?
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<input type="checkbox"/> Statement(s) is being provided with this Form	<input type="checkbox"/> Is there a pre-marital balance?
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RELEVANT NOTES (optional):