

## ENSION EVALUAT °AT ] **CROYAN, INC.**

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Order Request Date:

REOUESTI	NG ATTORN	IFY INFO	RMATION

If you are a Party in this action and requesting the report yourself please complete this section with your information.

Name :	Phone Number:				
Firm Name: Fax Number:					
Street Address / PO Box / Suite:					
City: State: Zip Code: E-mail:					
Party you Represent: 🗆 Husband 🗇 Wife 🗇 Both (Select One 🗇 Joint Retainer / 🗆 Court Appointment / 🗆 Mediator / 🗆 Collaborator)					

## **CASE DATA**

Pensioner Name:	Plan Name:		Date of Marriage:		
Date of Birth: Gender: □ Male □ Female	Date of Plan Entry: (Federal is SCD Date. Military is Enlistment Date) Breaks in Service Dates: Total Time: or Start Date:	Normal Retirement Age: Return Date:	End of Marriage / Cutoff Date: (URISDICTIONAL END OF MARRIAGE DATE: Date the Complaint for Divorce is filed. If there is none filed use current date. ALA. CODE § 30-2-51:)		
EVALUATION DATA					

Present Value (Typically the Standard)		Normal Retirement Age:		
State of Action/Divorce: Alabama	Pensioner Non-Active. Deferred Benefit as of Retirement Date \$	Normal Retirement Age:		
	Pensioner Retired. In Pay Status Monthly Benefit \$	Date Benefit Commenced:		
□ Valuation Date (If other than the standard of present day value specify date)	Pensioner Disabled. Monthly Disability Benefit \$ "If You Are Unable to Provide the Accrued Benefit Requested above Our Customized Software Will G We Are Supplied with the Specific Plan Details Relevant to this Pensioner. "Submit available benefit			
	□ If RAILROAD provide the Pensioner's Tier II Monthly Benefit or Submit T-25 Form: \$			
*Complete this section only if an Active Federal Government (Civil Service) State or City Employee. Police, Fire, Teacher, Public Employee Etc.				
Supply the Average Dencionable Calarias Dequired as nervous Dian's Benefit Formula (in 1 Vear 2 Vears (Standard) or 5 Vears)				

Supply the Average Pensionable Salaries	Required as per your Plan's Benefit Formi	ula. (le T Year, 3 Years (Standard) or 5 Years.)

	Year: Year: Year: Year: Year:						
Annual Salary: \$ Annual Salary: \$ Annual Salary: \$ Annual Salary: \$							
	*Complete this Section Only for Military, Reserve and Regular Component Service Members:						

Subinit Statement (ir Available)	Regular: Supply Rank     Base Pay: \$     Total       Submit Statement (If Available)     Total     Total	Service: Reservist: Supply Ranl Submit Statement (If Availab		
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\*Complete this Section Only for Union Members:

Please Note the Pension Fund Is the Pension Plan with a Monthly Annuity and the Annuity Fund is a Cash Account. To Value the Pension Fund Simply Provide the Monthly Accrued Benefit as of the End of Marriage Date. Simply Attach the Benefit Statement Indicating Such Monthly Accrued Benefit or Fill in Same. Monthly Accrued Benefit as of Cutoff Date: \$ Normal Retirement Age: If the Annuity Fund Requires Evaluation, Simply Provide the Statement Indicating the Cash Balance for the Quarter Closest to the End of Marriage Date, and the date of plan entry (only if different from the pension fund/plan).

PENSION EVALUATION SERVICES/FEES (Check appropriate box(s) based on the services required and remit payment accordingly)

ACCUCALC <sup>®</sup> Pension Evaluation \$125.00 (1 Defined Benefit Annuity or Cash Balance Pension Plan)	Each Additional Calculation \$50.00 (Supply Alternate Valuation Date on Same Plan)	Each Additional Calculation \$50.00 (Supply Alternate Retirement Age on Same Plan)		
	Additional Date:	Additional Age:		
Add QUICKCALC <sup>®</sup> Rush Service \$75.00 (For one plan. Call for multiple plans or reports are extra call for rates) (24-hour business day turn-around via fax or e-mail)	□ Add Social Security Offset Report \$95.00 (On Same Pensioner for States with this Methodology) (Requires salary on pensioner if not already submitted)	Add Social Security Offset Report \$95.00 (On Spouse who contributes to social security for States with this Methodology)		
	Year: Annual Salary:	Supply Spouse's Date of Birth: & indicate salaries or supply social security statement		
(On same Pensioner spouse requires completion of a 2 <sup>nd</sup> form)	□ Present Value Prior Report \$75.00	Update Prior Report New Data (i.e. salary, date of plan entry, etc.) \$75.00		
Call for Additional Services or Executives with a Full Deferred Pay Program or Authorization Forms for Independent Discovery Services	ACCUCALC <sup>®</sup> PenEval Report Immediate Offset Settlements New ACCUQDRO <sup>™</sup> services also available Deferred Distribution Settlements	COURT TESTIMONY: We will provide expert testimony regarding our Pension Evaluations. We provide expert testimony telephonically or in person at the courthouse. Request our Expert Testimony pack		
PENSION EVALUATION EASYPAY FOR FURTHER DETAILS CONTACT PENSION EVALUATORS® AT TROYAN, INC.				
EasyCharge®	Credit Card Number:	Expiration Date:		
Charge Credit/Debit Card in the Amount of \$	Billing Street # or PO Box #:	Billing Zip Code:		
Check	Print Cardholder's Name:			
Enclosed in the Amount of \$	Cardholder's Signature:	EASYPAY		

If Attorney Card Payment on Behalf of: 🗆 Husband 🛛 Wife (Please type full name which will electronically validate form when sent via email)