Order Request Date:



National Toll Free Number: 800.221.0706 | Phone: 732.212.1114 | Fax: 732.212.1113

 $e-mail: info@Pension-Evaluators.com \mid website: http://www.pension-evaluators.com \mid P.O. Box 8722, Red Bank, NJ 07701 \\$

Pension Evaluation Checklist Blue Form ACCUCALC®

If you are a	Party in this actic	n and requesting the repo	TORNEY INFORM ort yourself please com	I ATION nplete this se	ection with	your informa	tion.	
Name:					Phone Number:			
Firm Name:					Fax Number:			
Street Address / PO Box / Suite:					·			
City:	State:	State: Zip Code:			E-mail:			
Party you Represent: ☐ Husband ☐ Wife ☐ Both (Select One ☐ Joint Retainer / ☐ Court Appointment / ☐ Mediator / ☐					ollaborator)			
		C/	ASE DATA					
Pensioner Name:	ensioner Name: Plan Name:						ge:	
Gender: □ Male □ Female					Eı	nd of Marriage	e / Cutoff Date:	
		Date. Military is Enlistment Date) ervice Dates: or Start Date: Return Date:				(JURISDICTIONAL END OF MARRIAGE DATE: Date the Complaint for Divorce is filed. If there is none filed use current date. [Connecticut General Statutes Annotated; Title 46b, Chapter 81])		
			JATION DATA					
☐ Present Value (Typically the Standard)	□ Pensioner Active. Accrued Benefit as of Cutoff Date \$ Normal Retirement Age:							
State of Action/Divorce: Connecticu	☐ Pensioner Non-Active	☐ Pensioner Non-Active. Deferred Benefit as of Retirement Date \$				mal Retirement Age	2:	
		☐ Pensioner Retired. In Pay Status Monthly Benefit \$ ☐ Pensioner Disabled. Monthly Disability Benefit \$				Date of Disablement:		
☐ Valuation Date (If other than the standard of present day value sp	ecify date)		*if You Are Unable to Provide the Accrued Benefit Requested above Our Customized Software Will Com We Are Supplied with the Specific Plan Details Relevant to this Pensioner. "Submit available benefit sta					
☐ If RAILROAD provide the Pensioner's Tier II Monthly Benefit or Submit T-25 Form: \$								
*Complete this section only if an Active Federal	,	, , , ,		' '		dard) or 5 Vears	1	
Supply the Average Pensionable Salaries Required as per your Plan's Benefit Formula. (ie 1 Year, 3 Year: Year: Year: Year:					<u> </u>		Year:	
	ual Salary: \$	Annual Sala	irv: \$				Annual Salary: \$	
	•		19. 7	/ III I I I I I I I I I I I I I I I I I	iui y. 4	I	Ailliadi Jaidi, j. 7	
*Complete this Section Only for Military, Reserve and Regular Component Service Members: Regular: Supply Rank Base Pay: \$ Total Service: Reservist: Supply Rank Base Pay: \$ Total Points:								
Submit Statement (If Available)		Submit Statement (If Available)						
*Complete this Section Only for Union Member	S:							
Please Note the Pension Fund Is the Pension P of Marriage Date. Simply Attach the Benefit St If the Annuity Fund Requires Evaluation, Simp (only if different from the pension fund/plan).	atement Indicating S	Such Monthly Accrued Benefi	it or Fill in Same. Monthly <i>i</i>	Accrued Bene	efit as of Cuto	off Date: \$	Normal Retirem	
PENSION EVAI	.UATION SERV	VICES/FEES (Check appi	ropriate box(s) based on	the services r	equired and	d remit paymen	nt accordingly)	
☐ ACCUCALC® Pension Evaluation (1 Defined Benefit Annuity or Cash Balance F	☐ Each Additional Calc	☐ 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® Rush Service (For one plan. Call for multiple plans or reports are (24-hour business day turn-around via fax	☐ Add Social Security Offset Report \$95.00 (On Same Pensioner for States with this Methodology) (Requires salary on pensioner if not already submitted)			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				
☐ Each Additional Plan (On same Pensioner spouse requires completion of	☐ Present Value Prior Report \$75			Update Prior Report New Data \$75.00 (i.e. salary, date of plan entry, etc.)				
Call for Additional Services or Executives with a Full Deferred Pay Program or Authorization Forms for Independent Discovery Services		ACCUCALC® PenEval Report Immediate Offset Settlements New ACCUQDRO™ 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 FUF	ITACT PENSION EVALUATOR:	S® AT TROYAN, INC.						
☐ EasyCharge® MasterCard MasterCard	Credit Card	Credit Card Number:			Expiration Date:			
Charge Credit/Debit Card in the Amount of \$		Billing Street # or PO Box #:			Billing Zip Code:			
☐ Check ☐ Enclosed in the Amount of \$		Print Cardholder's Name:						
If Attorney Card Payment on Behalf of:	٠,	Cardholder's Signature: (Please type full name which will electronically validate form when sent via email)						