



PENSION EVALUATORS® AT TROYAN, INC.

National Toll Free Number: 800.221.0706 | Phone: 732.212.1114 | Fax: 732.212.1113
 e-mail: info@Pension-Evaluators.com | website: http://www.pension-evaluators.com | P.O. Box 8722, Red Bank, NJ 07701

Pension Evaluation Checklist Blue Form ACCUCALC®

Order Request Date:

REQUESTING ATTORNEY INFORMATION

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: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both (Select One <input type="checkbox"/> Joint Retainer / <input type="checkbox"/> Court Appointment / <input type="checkbox"/> Mediator / <input type="checkbox"/> Collaborator)					

CASE DATA

Pensioner Name:		Plan Name:		Date of Marriage:	
Date of Birth:		Date of Plan Entry:		Normal Retirement Age:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		(Federal is SCD Date. Military is Enlistment Date)		End of Marriage / Cutoff Date:	
		Breaks in Service Dates:		<small>(JURISDICTIONAL END OF MARRIAGE DATE: Date the Complaint for Divorce is filed. If there is none filed use current date. (Louisiana Civil Code Annotated; Article 121 and Louisiana Statutes Annotated; Article 9, Chapter 384).)</small>	
		Total Time: or Start Date:		Return Date:	

EVALUATION DATA

<input type="checkbox"/> Present Value (Typically the Standard) State of Action/Divorce: Louisiana		<input type="checkbox"/> Pensioner Active. Accrued Benefit as of Cutoff Date \$		Normal Retirement Age:	
<input type="checkbox"/> Valuation Date <small>(If other than the standard of present day value specify date)</small>		<input type="checkbox"/> Pensioner Non-Active. Deferred Benefit as of Retirement Date \$		Normal Retirement Age:	
		<input type="checkbox"/> Pensioner Retired. In Pay Status Monthly Benefit \$		Date Benefit Commenced:	
		<input type="checkbox"/> Pensioner Disabled. Monthly Disability Benefit \$		Date of Disablement:	
		<small>*If You Are Unable to Provide the Accrued Benefit Requested above Our Customized Software Will Compute Same at No Further Cost Provided We Are Supplied with the Specific Plan Details Relevant to this Pensioner. *Submit available benefit statement for further analysis.</small>			
		<input type="checkbox"/> 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 Pensionable Salaries Required as per your Plan's Benefit Formula. (ie 1 Year, 3 Years (Standard) or 5 Years.)

Year:	Year:	Year:	Year:	Year:
Annual Salary: \$	Annual Salary: \$	Annual Salary: \$	Annual Salary: \$	Annual Salary: \$

*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 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)

<input type="checkbox"/> ACCUCALC® Pension Evaluation \$125.00 <small>(1 Defined Benefit Annuity or Cash Balance Pension Plan)</small>	<input type="checkbox"/> Each Additional Calculation \$50.00 <small>(Supply Alternate Valuation Date on Same Plan)</small> Additional Date:	<input type="checkbox"/> Each Additional Calculation \$50.00 <small>(Supply Alternate Retirement Age on Same Plan)</small> Additional Age:
<input type="checkbox"/> Add QUICKCALC® Rush Service \$75.00 <small>(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)</small>	<input type="checkbox"/> Add Social Security Offset Report \$95.00 <small>(On Same Pensioner for States with this Methodology) (Requires salary on pensioner if not already submitted)</small> Year: Annual Salary:	<input type="checkbox"/> Add Social Security Offset Report \$95.00 <small>(On Spouse who contributes to social security for States with this Methodology)</small> Supply Spouse's Date of Birth: & indicate salaries or supply social security statement
<input type="checkbox"/> Each Additional Plan \$75.00 <small>(On same Pensioner spouse requires completion of a 2nd form)</small>	<input type="checkbox"/> Present Value Prior Report \$75.00	<input type="checkbox"/> Update Prior Report New Data \$75.00 <small>(i.e. salary, date of plan entry, etc.)</small>
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 FURTHER DETAILS CONTACT PENSION EVALUATORS® AT TROYAN, INC.

<input type="checkbox"/> EasyCharge®    	Credit Card Number:	Expiration Date:
<input type="checkbox"/> Charge Credit/Debit Card in the Amount of \$	Billing Street # or PO Box #:	Billing Zip Code:
<input type="checkbox"/> Check 	Print Cardholder's Name:	
<input type="checkbox"/> Enclosed in the Amount of \$	Cardholder's Signature:	
If Attorney Card Payment on Behalf of: <input type="checkbox"/> Husband <input type="checkbox"/> Wife	<small>(Please type full name which will electronically validate form when sent via email)</small>	

