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

Troyan's Basic Defined Benefit Pension Evaluation Express Form ACCUCALC®

This form is to be **COPIED PER EVALUATION** and **SUBMITTED** via either email, fax or mail to this office

TODAY'S DATE: _____ Complete this Section For Mailing Purposes:

ATTORNEY'S/MEDIATOR'S/CLIENT'S NAME: _____

FIRM NAME: _____

BUILDING, STREET, SUITE, POB: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: _____ Fax: _____ Email: _____

PARTY YOU REPRESENT: ( ) HUSBAND ( ) WIFE ( ) BOTH (MEDIATION)

END OF MARRIAGE DATE (CUTOFF DATE):_____ DATE OF MARRIAGE: _____
(I.e. Date Complaint Filed, Date Summons Served. If no end of marriage date, simply indicate CURRENT)

PENSIONER NAME: _____ SEX: _____ DATE OF BIRTH: _____

PLAN NAME: _____ DATE OF PLAN ENTRY: _____

*MONTHLY ACCRUED BENEFIT AS OF CUTOFF DATE: $_____ NORMAL RETIREMENT AGE: _____
*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 FOLLOWING:

***FOR STATE AND GOVERNMENT (CIVIL SERVICE) PLANS:**
FILL IN THE PENSIONER'S ANNUAL SALARIES FOR THE LAST (3) MARITAL YEARS OF PENSIONABLE SALARY AND ATTACH BENEFIT STATEMENT:

YEAR _____ $ _____ YEAR _____ $ _____ YEAR _____ $ _____

***FOR MILITARY RESERVE AND REGULAR COMPONENT SERVICE MEMBERS:**
PLEASE SUPPLY THE MEMBER'S BENEFIT STATEMENT AS OF THE END OF MARRIAGE DATE, PAY, RANK, AND ACCRUED POINTS SHEET.

***FOR UNION MEMBERS:**
PLEASE NOTE THE PENSION FUND IS THE PENSION PLAN 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 A MARITAL/COMMUNITY CALCULATIONS, SIMPLY PROVIDE THE STATEMENT INDICATING THE CASH BALANCE FOR THE QUARTER CLOSEST TO THE END OF MARRIAGE DATE.

***FOR COMPANY, CORPORATE, PRIVATE, OR CLOSELY HELD EMPLOYEES:**
PLEASE SUPPLY THE BENEFIT STATEMENT INDICATING THE ACCRUED MONTHLY BENEFIT FOR THE YEAR OR DATE SUBJECT TO THIS EVALUATION.

***IF RETIRED OR TERMINATED OR NO LONGER AT EMPLOYER SUBJECT TO THIS EVALUATION:**
( ) PENSIONER RETIRED: DATE OF RETIREMENT: _____ MONTHLY RETIREMENT PAY: $_____
( ) PENSIONER TERMINATED OR NO LONGER WITH ABOVE REFERENCED EMPLOYER: DATE OF TERMINATION OR LEFT DATE OF ACTIVE SERVICE WITH ABOVE EMPLOYER: _____ MONTHLY BENEFIT PAYABLE AT NORMAL RETIREMENT AGE: $_____

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

☐ **ACCUCALC® 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) Additional Date:	☐ **Each Additional Calculation** **$50.00** (Supply Alternate Retirement Age on Same Plan) Additional Age:
☐ **Add QUICKCALC® 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) Year: Annual Salary:	☐ **Add Social Security Offset Report** **$95.00** (On Spouse who contributes to social security for States with this Methodology) Supply Spouse's Date of Birth: & indicate salaries or supply social security statement
☐ **Each Additional Plan** **$75.00** (On same Pensioner spouse requires completion of a 2nd form)	☐ **Present Value Prior Report** **$75.00**	☐ **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 FURTHER DETAILS CONTACT PENSION EVALUATORS® AT TROYAN, INC.

☐ **EasyCharge®** ○ MasterCard ○ American Express ○ VISA ○ DISCOVER

Charge Credit/Debit Card in the Amount of $

☐ **Check**

Enclosed in the Amount of $

If Attorney Card Payment on Behalf of: ☐ Husband ☐ Wife

Credit Card Number:_____ Expiration Date:_____

Billing Street # or PO Box #: _____ Billing Zip Code:_____

Print Cardholder's Name: _____

Cardholder's Signature: _____
(Please type full name which will electronically validate form when sent via email)

EASYPAY