Order Request Date:



Pension Evaluation Checklist Blue Form ACCUCALC®

If you are	a Party in this action	n and requesting the repo	ORNEY INFORM rt yourself please com	ATION inplete this see	ction with your info	rmation.	
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 / ☐					ollaborator)		
		CA	SE DATA				
Pensioner Name:					Date of Marriage:		
Date of Birth: Date of Plan		Entry: Normal Retirement Age:			End of Marriage / Cutoff Date:		
		D Date. Military is Enlistment Date)			(JURISDICTIONAL END OF MARRIAGE DATE: Date the Complaint for		
	Breaks in Se Total Time:	s in Service Dates: me: or Start Date: Return Date:				Divorce is filed. If there is none filed use current date. [Colorado Revised Statutes; Article 10, Section 14-10-113].)	
		EVALU	ATION DATA		ļ		
☐ Present Value (Typically the Standard	☐ Pensioner Active. Accrued Benefit as of Cutoff Date \$ Normal Retirement Age:						
State of Action/Divorce: Colorado	☐ Pensioner Non-Active. Deferred Benefit as of Retirement Da			Date \$			
	☐ Pensioner Retired. In Pay Status Monthly Benefit \$ ☐ Pensioner Disabled. Monthly Disability Benefit \$				Date Benefit Commenced: Date of Disablement:		
☐ Valuation Date (If other than the standard of present day value)	specify date)	*If You Are Unable to Provide the	You Are Unable to Provide the Accrued Benefit Requested above Our Customized Software Will Compute Same at No Further Cost Provided le Are Supplied with the Specific Plan Details Relevant to this Pensioner. "Submit available benefit statement for further analyzation.				
,	,,		☐ If RAILROAD provide the Pensioner's Tier II Monthly Benefit or Submit T-25 Form: \$				
*Complete this section only if an Active Feder	,	, , , ,					
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: Year:							
	Year:		Year:			Year:	
Annual Salary: \$ Annual Salary: \$ Annual Salary: \$ Annual Salary: \$					ary: \$	Annual Salary: \$	
*Complete this Section Only for Military, Reser	rve and Regular Comp		ls		D D A	T . 10	
Regular: Supply Rank Submit Statement (If Available)	Total Service:	Il Service: Reservist: Supply Rank Submit Statement (If Available)			Base Pay: \$ Total Points:		
*Complete this Section Only for Union Member	ers:		,				
Please Note the Pension Fund Is the Pension							End
of Marriage Date. Simply Attach the Benefit : If the Annuity Fund Requires Evaluation, Sim	ply Provide the Stater					Normal Retirement Age: ne date of plan entry	•
(only if different from the pension fund/plan	,						
PENSION EVA	ALUATION SERV	/ICES/FEES (Check appro	opriate box(s) based on	the services re	equired and remit pay	ment accordingly)	
☐ ACCUCALC® Pension Evaluation \$125.00 (1 Defined Benefit Annuity or Cash Balance Pension Plan)		☐ Each Additional Calculation (Supply Alternate Valuation Date on Same Plan) \$50.00			☐ Each Additional Calculation (Supply Alternate Retirement Age on Same Plan) \$50.00		
	Additional Date:			Additional Age:			
Add QUICKCALC® Rush Service (For one plan. Call for multiple plans or reports a (24-hour business day turn-around via f	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)			
<u></u>	Year: Annual Salary:			Supply Spouse's Date of Birth:			
☐ Each Additional Plan	☐ Present Value Prior Re	☐ Present Value Prior Report \$75.00			& indicate salaries or supply social security statement Update Prior Report New Data \$75.00		
(On same Pensioner spouse requires completion	Tresent value riioi neport 373.00			(i.e. salary, date of plan entry, etc.)			
Call for Additional Services or Execu		ACCUCALC® PenEval Report			COURT TESTIMONY: We will provide expert testimony		
Deferred Pay Program or Authoriza Independent Discovery Se	Immediate Offset Settlements New ACCUQDRO™ services also available			regarding our Pension Evaluations. We provide expert testimony telephonically or in person at the courthouse.			
	Deferred Distribution Settlements			Request our Expert Testimony pack			
PENSION EVALUATION EASYPAY FOR FU	ITACT PENSION EVALUATORS	AT TROYAN, INC.					
☐ EasyCharge® Mosecon VISA 050		Credit Card	Credit Card Number:		Expiration Date:		
Charge Credit/Debit Card in the Amount of \$		Billing Street # or PO Box #:			Billing Zip Code:		
□ Check		Print Cardho	Print Cardholder's Name:				
Enclosed in the Amount of \$		Cardholder's Signature:			EASYPAY /		
If Attorney Card Payment on Behalf of:	r	(Please type full name which will electronically validate form when sent via email)					