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:

lf yo	ou are a Par	ty in this actio	REQUI on and reque	ESTING AT esting the rep	TORNEY INFORM ort yourself please cor	MATION mplete this s	ection w	vith your informa	ation.	
Name:							Phone Number:			
Firm Name:							Fax Number:			
Street Address / PO Box / Suite:							•			
City:			State:		Zip Code:		E-mai	E-mail:		
Party you Represent: ☐ Husband ☐ Wife ☐ Both (Sele			ect One □ Joint Retainer / □ Court Appointment / □ Mediator / □ Co				ollaborator)			
				C	ASE DATA					
Pensioner Name: Plan Name		Plan Name:	e					Date of Marriage:		
Date of Birth: Gender: □ Male □ Female		Date of Plan Entry: (Federal is SCD Date. Military is Enlistment Date) Normal Retirement Age:						End of Marriage / Cutoff Date:		
		Breaks in Service Dates: Total Time: 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. [Kansas Statutes Annotated; Chapter 60, Article 16, Subject 1610].		
		•		EVAL	JATION DATA			•		
☐ Present Value (Typically the Standard) State of Action/Divorce: Kansas ☐ Valuation Date (If other than the standard of present day value specify date)			☐ Pensioner Active. Accrued Benefit as of Cutoff Date \$ ☐ Pensioner Non-Active. Deferred Benefit as of Retirement ☐ Pensioner Retired. In Pay Status Monthly Benefit \$ ☐ Pensioner Disabled. Monthly Disability Benefit \$ *If You Are Unable to Provide the Accrued Benefit Requested above Our Custo We Are Supplied with the Specific Plan Details Relevant to this Pensioner. "Su ☐ If RAILROAD provide the Pensioner's Tier II Monthly Benefit				tomized So Submit ava	Date Benefit Commenced: Date of Disablement: omized Software Will Compute Same at No Further Cost Provided shmit available benefit statement for further analyzation.		
*Complete this section only if an Active		•	•	, , ,	e. Police, Fire, Teacher, Pu your Plan's Benefit Form	' '		tandard) or 5 Years	s.)	
Year: Year:			Year:	·	Year:			Year:		
Annual Salary: \$ Annual Salary: \$			Annual Sala	ry:\$	Annual Salary: \$			Annual Salary: \$		
*Complete this Section Only for Military	, Reserve and	d Regular Comp	onent Service	e Members:		•			•	
Regular: Supply Rank Base Pay: \$ Submit Statement (If Available)			Total Service: Reservist: Supply Rank Submit Statement (If Available)				Base Pay: \$ Total Points:			
*Complete this Section Only for Union A	Лembers:				•					
Please Note the Pension Fund Is the Pe of Marriage Date. Simply Attach the Be If the Annuity Fund Requires Evaluatio (only if different from the pension fund	enefit Statem n, Simply Pro	ent Indicating S	Such Monthly	Accrued Benef	it or Fill in Same. Monthly	Accrued Bene	efit as of C	Cutoff Date: \$	Normal Retirement	
PENSION	EVALUA	TION SERV	/ICES/FEI	ES (Check app	ropriate box(s) based on	the services	required	and remit payme	nt 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)			\$50.00	☐ Each Additional Calculation (Supply Alternate Retirement Age on Same Plan) \$50.00			
			Additional Date:				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)				☐ 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			
☐ Each Additional Plan \$75.00 (On same Pensioner spouse requires completion of a 2 nd form)			☐ Present Value Prior Report \$75				Update Prior Report New Data \$75.00			
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	OR FURTHE	R DETAILS CON	ITACT PENSIC	ON EVALUATOR	S®AT TROYAN, INC.					
☐ EasyCharge® Masteren VISA			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	Canalla al -l							EACUDAY /		

Cardholder's Signature:

 $(Please\ type\ full\ name\ which\ will\ electronically\ validate\ form\ when\ sent\ via\ email)$

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