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 a	re a Pari	ty in this actio	REQUI n and reque	ESTING ATT esting the report	ORNEY INFORM rt yourself please com	ATION nplete this se	ction w	ith your informa	tion.		
Name:							Phone Number:				
Firm Name:							Fax Number:				
Street Address / PO Box / Suite:				,							
City:			State: Zip Code:				E-mail:				
Party you Represent:  Husband	Joint Retainer / □ Court Appointment / □ Mediator / □ Collaborat				or)						
				CA	SE DATA						
Pensioner Name: Plan Name:								Date of Marriage:			
Date of Birth: Gender: □ Male □ Female		Date of Plan Entry: Normal Retirement Age:					End of Marriage / Cutoff Date:				
		(Federal is SCD Date. Military is Enlistment Date)						(JURISDICTIONAL END OF MARRIAGE DATE: Date the Complaint for Divorce is filed. If there is none filed use current date. [New Hampshire			
		Breaks in Service Dates: Total Time: or Start Date: Return Date:						Revised Statutes Annotated; Chapter 458:16-a].)			
				EVALU	ATION DATA						
State of Action/Divorce: New Hampshire				☐ Pensioner Active. Accrued Benefit as of Cutoff Date \$ Normal Retirement Age:							
				☐ Pensioner Non-Active. Deferred Benefit as of Retirement Date ☐ Pensioner Retired. In Pay Status Monthly Benefit \$				<ul> <li>Normal Retirement Age:</li> <li>Date Benefit Commenced:</li> </ul>			
				☐ Pensioner Disabled. Monthly Disability Benefit \$				Date of Disablement:			
				*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 analyzation.							
☐ If RAILROAD provide the Pensioner's Tier II Monthly Benefit or Submit T-25 Form: \$											
*Complete this section only if an Active Fed Sup					Police, Fire, Teacher, Pub our Plan's Benefit Formu	. ,		tandard) or 5 Years	i.)		
Year: Y	/ear:			Year:		Year:			Year:		
Annual Salary: \$	ial 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: \$ Submit Statement (If Available)				Total Service: Reservist: Supply Rank Submit Statement (If Available)			Base Pay: \$ Total Points:				
*Complete this Section Only for Union Mem	nbers:										
Please Note the Pension Fund Is the Pensio of Marriage Date. Simply Attach the Benef If the Annuity Fund Requires Evaluation, S (only if different from the pension fund/pl	fit Statem Simply Pro	ent Indicating S	uch Monthly	Accrued Benefit	or Fill in Same. Monthly A	Accrued Bene	fit as of C	utoff Date: \$	Normal Retireme		
PENSION E\	/ALUA	TION SERV	/ICES/FEE	S (Check appro	priate box(s) based on	the services re	eauired :	and remit paymer	nt accordingly)		
☐ ACCUCALC® Pension Evaluation		\$125.00		Iditional Calcu	-	\$50.00		h Additional Cal	lculation	\$50.00	
(1 Defined Benefit Annuity or Cash Balance Pension Plan)			(Supply Alternate Valuation Date on Same Plan)  Additional Date:				(Supply Alternate Retirement Age on Same Plan)  Additional Age:				
☐ Add QUICKCALC® Rush Service \$75.00 ☐				□ Add Social Security Offset Report \$95.00				☐ Add Social Security Offset Report \$95.00			
(For one plan. Call for multiple plans or report (24-hour business day turn-around v	(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:						
☐ Each Additional Plan	☐ 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 complet	Tresent value Phot \$75.00			(i.e. salary, date of plan entry, etc.)							
Call for Additional Services or Exec	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						
Deferred Pay Program or Authori Independent Discovery											
PENSION EVALUATION EASYPAY FOR	FURTHE	R DETAILS CON	TACT PENSIO	N EVALUATORS®	AT TROYAN, INC.						
☐ EasyCharge® Masterard 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 \$				Cardholder's Signature:						EASYPAY	
If Attorney Card Payment on Behalf o	(Please type full name which will electronically validate form wh				nt via email)						