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 $e-mail: info@Pension-Evaluators.com \mid website: http://www.pension-evaluators.com \mid P.O.\ Box\ 8722, Red\ Bank,\ NJ\ 07701 \mid P.O.\ Box\ 8722,\ Red\ Bank,\ NJ\ 07701 \mid P.O.\ Ba$

Pension Evaluation Checklist Blue Form ACCUCALC®

If you are a Par		ion Evaluation Che REQUESTING AT on and requesting the rep	TORNEY INFORM	IATION			Order Request Date:		
Name:					Phone Number:				
Firm Name:					Fax Number:				
Street Address / PO Box / Suite:					ļ				
City:	State:	Zip Code:	de: E-ma		il:				
Party you Represent: ☐ Husband ☐ Wife	☐ Both (Sele	t One □ Joint Retainer / □ Court Appointment / □ Mediator / □ Co			ollaborator)				
		C	ASE DATA						
Pensioner Name: Plan Name:						Date of Marriage:			
		of Plan Entry: Normal Retirement Age:				End of Marriage / Cutoff Date:			
Gender: □ Male □ Female	Breaks in Se Total Time:	Date. Military is Enlistment Date) rvice Dates: 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. [Code of Laws of South Carolina; Chapter 3, Sections 20-7-472 and 20-7-473].)			
	<u>I</u>	EVAL	JATION DATA						
□ Present Value (Typically the Standard) State of Action/Divorce: South Carolina □ 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 Retiremen ☐ Pensioner Retired. In Pay Status Monthly Benefit \$ ☐ Pensioner Disabled. Monthly Disability Benefit \$ "If You Are Unable to Provide the Accrued Benefit Requested above Our Cus We Are Supplied with the Specific Plan Details Relevant to this Pensioner." S ☐ If RAILROAD provide the Pensioner's Tier II Monthly Ber			Date Benefit Commenced: Date of Disablement: omized Software Will Compute Same at No Further Cost Provided ubmit available benefit statement for further analyzation.				
*Complete this section only if an Active Federal Gov Supply the A		ervice) State or City Employe able Salaries Required as per				andard) or 5 Years	;.)		
Year: Year:		Year:		Year:			Year:		
Annual Salary: \$ Annual Salary: \$		Annual Salary: \$		Annual Sal	Salary: \$		Annual Salary: \$		
*Complete this Section Only for Military, Reserve and	d Regular Comp	onent Service Members:	•		,		·		
Regular: Supply Rank Base P Submit Statement (If Available)	Total Service: Reservist: Supply Rank Submit Statement (If Available)			Base Pay: \$ Total Points:					
*Complete this Section Only for Union Members:			•						
Please Note the Pension Fund Is the Pension Plan v of Marriage Date. Simply Attach the Benefit Statem If the Annuity Fund Requires Evaluation, Simply Pro (only if different from the pension fund/plan).	ent Indicating S	Such Monthly Accrued Benef	it or Fill in Same. Monthly	Accrued Bene	efit as of Cu	utoff Date: \$	Normal Retirement A		
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:				
☐ Each Additional Plan \$75.00 (On same Pensioner spouse requires completion of a 2 nd form)		☐ Present Value Prior Report \$75		\$75.00	& indicate salaries or supply social security statement Update Prior Report New Data (i.e. salary, date of plan entry, etc.) \$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 FOR FURTHE	R DETAILS CON	ITACT PENSION EVALUATOR:	S® AT TROYAN, INC.						
☐ EasyCharge® Masercard Source Communication Communicatio	Credit Card Number:			Expiration Date:					
Charge Credit/Debit Card in the Amount of \$		Billing Street # or PO Box #:			Billing Zip Code:				
□ Check □	Print Cardl	Print Cardholder's Name:							
Enclosed in the Amount of \$ If Attorney Card Payment on Behalf of: □ Hu		Cardholder's Signature: (Please type full name which will electronically validate form when sent via email)					EASYPAY		

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