## ENSION EVALUA r 7 **CROYAN, INC.** <sup>®</sup>A1

National Toll Free Number: 800.221.0706 | Phone: 732.212.1114 | Fax: 732.212.1113

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Order Request Date:

## **REQUESTING ATTORNEY INFORMATION**

If you are a Party in this action and requesting the report yourself please complete this section with your information.

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 / 🗆 Collaborator)				

## **CASE DATA**

Pensioner Name:	Plan Name:		Date of Marriage:	
ate of Birth:     Date of Plan Entry: (Federal is SCD Date. Military is Enlistment Date)       ender:     Image:			End of Marriage / Cutoff Date: (JURISDICTIONAL END OF MARRIAGE DATE: Date the Complaint for Divorce is filed. If there is none filed use current date. [West Virginia Code; Sections 48-5-604 to 48-5-612 and 48-7-101 to 48-7-112].)	

## **EVALUATION DATA**

Present Value (Typically the Standard)	Pensioner Active. Accrued Benefit as of Cutoff Date \$	Normal Retirement Age:			
State of Action/Divorce: West Virginia	Pensioner Non-Active. Deferred Benefit as of Retirement Date \$	Normal Retirement Age:			
□ Valuation Date (If other than the standard of present day value specify date)	<ul> <li>Pensioner Retired. In Pay Status Monthly Benefit \$ Date Benefit Commenced:</li> <li>Pensioner Disabled. Monthly Disability Benefit \$ Date of Disablement:</li> <li>*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.</li> </ul>				
	□ If RAILROAD provide the Pensioner's Tier II Monthly Benefit or Submit T-25 Form: \$				
*Complete this section only if an Active Federal Government (Civil Service) State or City Employee. Police, Fire, Teacher, Public Employee Etc.					
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:
	Annual Salary: \$				
*Complete this Section Only for Military, Reserve and Regular Component Service Members:					

Regular: Supply Rank     Base Pay: \$     Tot       Submit Statement (If Available)     Tot	Service: Reservist: Supply Rank Submit Statement (If Available)	Base Pay: \$	Total Points:

\*Complete this Section Only for Union Members:

If Attorney Card Payment on Behalf of: 
Husband 
Wife

Please Note the Pension Fund Is the Pension Plan with a Monthly Annuity 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 Evaluation, Simply Provide the Statement Indicating the Cash Balance for the Quarter Closest to the End of Marriage Date, and the date of plan entry (only if different from the pension fund/plan).

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

ACCUCALC <sup>®</sup> 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)	Each Additional Calculation \$50.00 (Supply Alternate Retirement Age on Same Plan)		
	Additional Date:	Additional Age:		
Add QUICKCALC <sup>®</sup> 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)	Conspouse 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		
(On same Pensioner spouse requires completion of a 2 <sup>nd</sup> form)	Present Value Prior Report \$75.00	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 <sup>®</sup> PenEval Report Immediate Offset Settlements New ACCUQDRO <sup>™</sup> 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 <sup>®</sup>	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		

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