Order Request Date:



## PENSION EVALUATORS® & QDROs at TROYAN, INC.® & ASSOCIATES GROUP

National Toll Free Number: 800.221.0706 | Fax: 732.212.1113

Dedicated Lawyers' LEGAL SERVICES

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## **ACTUARIAL PENSION EVALUATION FOR DIVORCE Checklist Blue Form ACCUCALC®** REQUESTING ATTORNEY OR CLIENT DEMOGRAPHIC INFORMATION

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

Firm Name	Attaway (Client Name)							Discuss Manuals and			
Street Address / PO Box / Suite:  City: State: Zip Code: Email:  Date of Birth: Pensioner Name: Pensioner Plan Name:  Cerepton Plan Name: Pensioner Plan Name:  Date of Birth: Date of Birth: Pensioner Name: Pensioner Plan Name:  Date of Birth: Date of Birth: Date of Birth: Pensioner Name: Pensioner Plan Name: Pensioner Name: Pensioner Name: Pensioner Plan Name: Pensioner Name: Pensioner Plan Name: Pensioner Name:	Attorney/Client Name:										
City:   State:   Zip Code:   Email:											
Party you Represent: Husband Wife Both (select One) Attorney   Joint Retainer   Court Appointment   Mediator   Collaborator   Opposing Attorney's Name: complete his section only for powelle copy of eports   Firm Name:	Street Address / PO Box / Suite:										
Opposing Attorney's Name: Longleich is section only it to provide copy of report)  Firm Name:  Street Address / PO Box / Suite:  City:  Pensioner Name:  Date of Birth:  Gender: □ Male □ Female  Breaks in Service Dates:  Breaks in Service Dates:  Total Time:  Present Value (Typically the Standard) State of Action/Divorce: Georgia  Pensioner Active. Accrued Benefit as of Cutoff Date:  ### Opensioner Active. Accrued Benefit as of Cutoff Date:  ### Opensioner Retired. In Pay Status Gross Monthly Base Retired.  □ Pensioner Non Active. Deferred Benefit as of Retirement Date:  ### Opensioner Retired. In Pay Status Gross Monthly Benefit:  □ Date Benefit Commenced:  □ Pensioner Non Active. Deferred Benefit as of Retirement Date:  ### Opensioner Retired. In Pay Status Gross Monthly Benefit:  □ Date Benefit Commenced:  □ Pensioner Retired. In Pay Status Gross Monthly Benefit:  □ Date Disablement:  ### Opensioner Retired. In Pay Status Gross Monthly Benefit:  □ Pensioner Poliabled. Gross Monthly Benefit:  □ Date Obsolution Date:  ### Opensioner Retired. In Pay Status Gross Monthly Benefit:  □ Date Disablement:  ### Opensioner Retired. In Pay Status Gross Monthly Benefit:  □ Date Disablement:  ### Opensioner Retired. In Pay Status Gross Monthly Benefit:  □ Date Disablement:  ### Opensioner Retired. In Pay Status Gross Monthly Benefit:  □ Date Disablement:  ### Opensioner Retired. In Pay Status Gross Monthly Benefit:  □ Date Disablement:  ### Opensioner Retired. In Pay Status Gross Monthly Benefit:  □ Date Disablement:  ### Opensioner Retired. In Pay Status Gross Monthly Benefit:  □ Date Disablement:  ### Opensioner Retired. In Pay Status Gross Monthly Benefit:  □ Date Benefit Commenced:  □ Pensioner Disabled. Gross Monthly Benefit:  □ Date Disablement:  ### Opensioner Retired. In Pay Status Gross Monthly Benefit:  □ Date Disablement:  ### Opensioner Retired. In Pay Status Gross Monthly Benefit:  □ Date Benefit Commenced:  □ Date Benefit Commenced:  □ Date Benefit Commenced:  □ Date Benefit Commenced:  □ Date Benefit Commen	City:			State: Zip Code:		Email:					
Examination of the provide copy of reports   Find the North Order		e Both	(Select One) Attorney Joint Retainer Court			t Appointment Mediator Collaborator					
Street Address / PO Box / Suite:  City:   State:   Zip Code:   Email:    Pensioner Name:   Pension Plan Name:   Date of Marriage:    Date of Birth:   Date of Marriage / Cutoff Date:						Phone Number:					
City:   State:   Zip Code:   Email:	Firm Name:					Fax Number:					
Pensioner Name:  Date of Birth:  Gender:   Male   Female    Breaks in Service Dates:	Street Address / PO Box / Suite:										
Date of Birth:  Gender: □ Male □ Female  Breaks in Service Dates: Total Time:  Dresent Value (Typically the Standard) State of Action/Divorce: Georgia  □ Pensioner Active. Accrued Benefit as of Cutoff Date: \$  □ Pensioner Active. Deferred Benefit as of Cutoff Date: \$  □ Pensioner Retired. In Pay Status Gross Monthly Benefit: \$  □ Pensioner Retired. In Pay Status Gross Monthly Benefit: \$  □ Date Benefit Commenced: □ Pensioner Retired. In Pay Status Gross Monthly Benefit: \$  □ Date Benefit Commenced: □ Pensioner Retired. In Pay Status Gross Monthly Benefit: \$  □ Pensioner Retired Benefit as of Retirement Date: \$  □ Pensioner Retired. In Pay Status Gross Monthly Benefit: \$  □ Date Benefit Commenced: □ Pensioner Retired. In Pay Status Gross Monthly Benefit: \$  □ Date Benefit Commenced: □ Pensioner Status Gross Monthly Disability Benefit: \$  □ Date of Disablement: □ Pensioner Petined with the Specific Pen Details Belevant to this Pensioner. "Submit available benefit statement for further analyzation.  Gross Annual Salary: \$  □ Add Survivor Benefit (SB) Appraisal: (on Same Plan)  □ Add Social Security (Tiest Besed Spouse's Salaries (on Same Plan) (on Same, Fine Editerment Age Supply Spouse's Date of Birth: (Provides Social Security Statement)  □ Critique a Pension Evaluation (feet less than 5 pages, if more call for pricing)  □ Critique a Pension Evaluation (feet States with this Methodology)  □ Critique a Pension Evaluation (feet States)  □ Critique a Pension Evaluation (supply Spouse's Salaries (on Same Plan) (on Same, Salaries)  □ Critique a Pension Evaluation (feet States)  □ Critique a Pension Evaluation (feet	City:			State: Zip Code:			Email:				
Gender:	Pensioner Name: Pension Plan			Name:			Date of Marriage:				
Present Value (Typically the Standard) State of Action/Divorce: Georgia	Gender: □ Male □ Female		d Plan: Normal Retirement Age:								
Present Value (Typically the Standard) State of Action/Divorce: Georgia   Pensioner Active. Accrued Benefit as of Cutoff Date: \$ Normal Retirement Age:   Pensioner Non Active. Deferred Benefit as of Retirement Date: \$ Normal Retirement Age:   Pensioner Retired. In Pay Status Gross Monthly Benefit: \$ Date Benefit Commenced:   Pensioner Disabled. Gross Monthly Benefit: \$ Date of Disablement:   Pensioner Disabled. Gross Monthly Disability Benefit: \$ Date of Disablement:   Pensioner Disabled. Gross Monthly Disability Benefit: \$ Date of Disablement:   Pensioner Disabled. Gross Monthly Disability Benefit: \$ Date of Disablement:   Pensioner Disabled. Gross Monthly Disability Benefit: \$ Date of Disablement:   Pensioner Disabled. Gross Monthly Disability Benefit: \$ Date of Disablement:   Pensioner Disabled. Gross Monthly Disability Benefit: \$ Date of Disablement:   Pensioner Disabled. Gross Monthly Disability Benefit: \$ Date of Disablement:   Pensioner Disabled. Gross Monthly Disability Benefit: \$ Date of Disablement:   Pensioner Disabled. Gross Monthly Disability Benefit: \$ Date of Disablement:   Pensioner Disabled. Gross Monthly Disability Benefit: \$ Date of Disablement:   Pensioner Disabled. Gross Monthly Disability Benefit: \$ Date of Disablement:   Pensioner Disabled. Gross Monthly Disability Benefit: \$ Date of Disablement:   Pensioner Disabled. Gross Monthly Benefit: \$ Date of Disablement:   Pensioner Disabled. Gross Monthly Benefit: \$ Date of Disablement:   Pensioner Disabled. Gross Monthly Benefit: \$ Date of Disablement:   Pensioner Disabled. Gross Monthly Benefit: \$ Date of Disablement:   Pensioner Disabled. Gross Monthly Benefit: \$ Date of Disablement:   Pensioner Disabled. Gross Monthly Benefit: \$ Date of Disablement:   Pensioner Disabled. Gross Monthly Benefit: \$ Date of Disablement:   Pensioner Disabled. Gross Monthly Benefit: \$ Date of Disablement:   Pensioner Disablement:   Pensioner Disablement:   Pensioner Disablement:   Pensioner Disablement:   Pensioner Disablement:   Pensioner Disablement:   Pensio			vice Dates:				(JURISDICTIONAL END OF MARRIAGE DATE: Date the Complaint for Divorce is filed. If there is none filed use gurent date (Code of Google) Apportated.				
Pensioner Non Active. Deferred Benefit as of Retirement Date: \$ Normal Retirement Age:			Total Time:								
Year: Annual Salary: \$   Year: Annual Salary: \$   Military (Reserves) (Supply Rank): Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Availabl	of Action/Divorce: <b>Georgia</b> □ Evaluation Date:			□ Pensioner Non Active. Deferred Benefit as of Retirement Date: \$ Normal Retirement Age: □ Pensioner Retired. In Pay Status Gross Monthly Benefit: \$ Date Benefit Commenced: □ Pensioner Disabled. Gross 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							
Annual Salary: \$ Military (Reserves) (Supply Rank): Submit Points Sheet (If Available) Gross Monthly Base Pay: \$ Submit Poin	Gross Annual Pensionable Salaries										
Military (Enlisted) (Supply Rank):  (Submit DFAS Pension Statement (If Available)    ACCUCALC® Pension Evaluation (I Defined Benefit Annuity or Cash Balance Pension Plan)			<b>.</b>								
Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Submit Points Sheet (If Available)   Gross Monthly Base Pay: \$   Submit Points Sheet (If Available)   Submit Points Sheet (If Available)   Submit Points Sheet (If Available)   Submit Sheet (If Available)   S	,						,				
Add Ancillary Pension Evaluation (1 Defined Benefit Annuity or Cash Balance Pension Plan)  ADD ACCUCALC® Rush Service (Supply Alternate Valuation Date on Same Plan)  Add Iternate End of Marriage Date (Supply Alternate Retirement Age (Supply Saluation Additional Age:  Add Surviver Benefit (Saluation Social Security Saluation Social Security Saluation Additional Age:  Add Surviver Benefit (Saluation Social Security Saluation Supply S											
Alternate End of Marriage Date (Supply Alternate Retirement Age (S											
Godditional Date:   Additional Age:   Additional Age:   Additional Age:   Additional Age:   Additional Age:   Additional Age:   Add Social Security Offset Based Spouse's   \$300.00   Social Security Statement   Social Security Stat	(1 Defined Benefit Annuity or Cash Balance Pension Plan)			Alternate End of Marriage Date			using Alternate Retirement Age				
Offset Ba sed on Pensioner's Salaries (On Same Pensioner for States with this Methodology) (Requires salary on pensioner if not already submitted) Year: Annual Salary: \$  Critique a Pension Evaluation (fee if less than 5 pages, if more call for pricing)  Disability Pension Evaluation (Quantifying Healthy Part of Disability Benefit)  Add Survivor Benefit (SB) Appraisal: Social Security Statement (On Spouse who contributes to social security for States with this Method Supply Spouse's Date of Birth: (Provide social security statement)  Update Prior Report New Data (i.e. salary, date of plan entry, etc.) Indicate Updates:  Add Survivor Benefit (SB) Appraisal: Supply SB Name: Supply SB Name: Supply SB Date of Birth:	(For one plan. Call for multiple plans or reports are extra call for rates)			Additional Date:							
(i.e. salary, date of plan entry, etc.) Indicate Updates:  Disability Pension Evaluation (Quantifying Healthy Part of Disability Benefit)  \$350.00  Add Survivor Benefit (SB) Appraisal: Supply SB Name: Supply SB Date of Birth:  \$300.00 (Additional services and rates may apply)	(Calculates a %, \$ amount, length of service, interest, etc.)			Offset Ba sed on Pensioner's Salaries (On Same Pensioner for States with this Methodology) (Requires salary on pensioner if not already submitted)			Social Security Statement (On Spouse who contributes to social security for States with this Methodology) Supply Spouse's Name: Supply Spouse's Date of Birth:				
(Quantifying Healthy Part of Disability Benefit) Supply SB Name: (Additional services and rates may apply) Supply SB Date of Birth:				☐ Present Value Prior Report \$150.00			(i.e. salary, date of plan entry, etc.)				
<del>-</del>				Supply SB Name: Supply SB Date of Birth:		\$300.00	Retiree Medical Benefit Healthcare Appraisal: \$500.00 (Additional services and rates may apply)				
LAWPAY Credit/Debit Card Number: Expiration Date: CW:	LawPay	755 7171	Credit/Debit Card Number:			Expiration Date: CVV:					
AN AFFINIPAY SOLUTION  MASSECORD  WHO STATE OF THE STATE	Master Caro 19			Billing Street # or PO Box #:		Billing Zip Code:					
Charge Credit/Debit Card in the Amount of \$ Print Cardholder's Name:				Print Cardholder's Name:							
Check Enclosed in the Amount of \$ Cardholder's Signature:  If Attorney Card Payment on Behalf Husband Wife											