



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

National Toll Free Number: 800.221.0706 | Fax: 732.212.1113

Dedicated Lawyers' LEGAL SERVICES

Nationwide Expert Actuarial Pension Appraisal & QDRO Preparation Firm

email: info@Pension-Evaluators.com | website: http://www.pension-evaluators.com | P.O. Box 8722, Red Bank, NJ 07701

ACTUARIAL PENSION EVALUATION FOR DIVORCE Checklist Blue Form ACCUCALC®

REQUESTING ATTORNEY OR CLIENT DEMOGRAPHIC INFORMATION

Order Request Date:

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

Attorney/Client Name:		Phone Number:	
Firm Name:		Fax Number:	
Street Address / PO Box / Suite:			
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 this section only if to provide copy of report)		Phone Number:	
Firm Name:		Fax Number:	
Street Address / PO Box / Suite:			
City:	State:	Zip Code:	Email:
Pensioner Name:	Pension Plan Name:		Date of Marriage:
Date of Birth:	Date Entered Plan:	Normal Retirement Age:	End of Marriage / Cutoff Date:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Breaks in Service Dates:		(IF STILL MARRIED INPUT CURRENT AGE)
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. [Annotated Missouri Statutes; Title 30, Chapter 452, Section 330 and Missouri Case Law])
<input type="checkbox"/> Present Value (Typically the Standard) State of Action/Divorce: Missouri	<input type="checkbox"/> Pensioner Active. Accrued Benefit as of Cutoff Date: \$		Normal Retirement Age:
<input type="checkbox"/> Evaluation Date: (If other than the standard of present day value specify date)	<input type="checkbox"/> Pensioner Non Active. Deferred Benefit as of Retirement Date: \$		Normal Retirement Age:
	<input type="checkbox"/> Pensioner Retired. In Pay Status Gross Monthly Benefit: \$		Date Benefit Commenced:
	<input type="checkbox"/> 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 We Are Supplied with the Specific Plan Details Relevant to this Pensioner. *Submit available benefit statement for further analysis.			
Gross Annual Pensionable Salaries			
Year:	Year:	Year:	Year:
Annual Salary: \$	Annual Salary: \$	Annual Salary: \$	Annual Salary: \$
Military (Enlisted) (Supply Rank): (Submit DFAS Pension Statement (If Available))	Total Service: Gross Monthly Base Pay: \$	Military (Reserves) (Supply Rank): Submit Points Sheet (If Available)	Total Points: Gross Monthly Base Pay: \$
Pension Evaluation Services/Fees			
<input type="checkbox"/> ACCUCALC® Pension Evaluation (1 Defined Benefit Annuity or Cash Balance Pension Plan)	\$200.00	<input type="checkbox"/> Add Ancillary Pension Evaluation using an Alternate End of Marriage Date (Supply Alternate Valuation Date on Same Plan)	\$100.00
<input type="checkbox"/> ADD ACCUCALC® Rush Service (For one plan. Call for multiple plans or reports are extra call for rates)	\$100.00	Additional Date:	Additional Age:
<input type="checkbox"/> QDRO Dollar Appraisal (Calculates a %, \$ amount, length of service, interest, etc.)	\$300.00	<input type="checkbox"/> Add Hypothetical Social Security Offset Based on Pensioner's Salaries (On Same Pensioner for States with this Methodology) (Requires salary on pensioner if not already submitted)	\$300.00
		Year:	Annual Salary: \$
<input type="checkbox"/> Critique a Pension Evaluation (fee if less than 5 pages, if more call for pricing)	\$350.00	<input type="checkbox"/> Present Value Prior Report	\$150.00
		Update Prior Report New Data (i.e. salary, date of plan entry, etc.)	\$150.00
		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: Supply Monthly SB Amount: \$	\$300.00
		Retiree Medical Benefit Healthcare Appraisal: (Additional services and rates may apply)	\$500.00
		Credit/Debit Card Number:	Expiration Date:
<input type="checkbox"/> Charge Credit/Debit Card in the Amount of \$		Billing Street # or PO Box #:	CW:
<input type="checkbox"/> Check Enclosed in the Amount of \$		Print Cardholder's Name:	Billing Zip Code:
If Attorney Card Payment on Behalf Husband Wife		Cardholder's Signature:	