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PRACTICE DEDICATED TO PENSIONS / QDROs / VALUATIONS

Attorney Name: _____ Date: _____
Attorney E-Mail Address: _____
Firm Name: _____
Street Address or Box # _____
City, State, Zip: _____
Telephone: _____ Fax: _____
Party Represented: Husband _____ Wife _____ Mediator _____
Pensioner Name: _____ Gender _____ Date of Birth _____
Plan Name: _____ Entry Date: _____
Date of Marriage: _____ End of Marriage Date: _____
Monthly Accrued Benefit @ End of Marriage Date: \$ _____
If Retired: Date of Retirement _____ Monthly Pension \$ _____
If Disabled: Date of Disablement _____ Disability Pension \$ _____

PROVIDE A COPY OF THE SUMMARY PLAN DESCRIPTION FOR THE PLAN BEING VALUED.

Pension Evaluation Fee **\$250.00**

- Check Enclosed. Amount (Next Day Rush Fee add \$75.00) \$ _____
 Secure Payment made on our website at: <https://www.troyanlaw.com/>
 Secure Payment through LawPay



- CHARGE CARDS: Amex VISA MC Discover
Cardholder's Name _____ Amt. to Charge: \$ _____
Card Number _____ Expiration Date: _____
Billing Zip Code _____ 3/4 Digit Security Code _____

This form is available on our website: <https://www.troyanlaw.com/pension-evaluations>

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