

TROYAN, INC.

Pension Evaluation Form

(This form is now available on our website: www.troyaninc.com)

560 Communications Parkway, Sarasota, Florida 34240
Tel: 941.388.0556 Toll Free: 877.443.4867 Fax: 941.388.0906

Attorney Name: _____ Date: _____

Firm Name: _____

Street Address or Box # _____

City, State, Zip: _____

Telephone: _____ Fax: _____ Email: _____

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: \$ _____

Pay for Three Years Prior to 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 **\$200.00**

Check Enclosed. Amount (Next Day Rush Fee add \$50.00) \$ _____

Secure Payment made through www.troyaninc.com

CHARGE CARDS: Amex _____ VISA _____ MC _____ Discover _____

Cardholder's Name _____ Amt. to Charge: \$ _____

Card Number _____ Expiration Date: _____

Billing Zip Code _____ 3/4 Digit Security Code _____

PLEASE EXAMINE ENCLOSED INSTRUCTION SHEET, BEFORE COMPLETING THIS FORM.

Please visit our NEW and UPDATED website at www.troyaninc.com. 3/2012