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PRACTICE DEDICATED TO PENSIONS / QDROs / VALUATIONS

Attor	ney Name: Date:	
Attor	ney E-Mail Address:	
	Name:	
Stree	t Address or Box#	
City,	State, Zip:	
Telep	hone: Fax:	
Party	Represented: Pension Holder: Non-Pension Holder: Mediator:	
Pens	ioner Name: Gender Date of Birth	_
Plan	Name: Entry Date:	
Date	of Marriage: End of Marriage Date:	_
Mont	nly Accrued Benefit @ End of Marriage Date: \$	
Pay f	or Three Years Prior to End of Marriage Date:\$ \$ \$	_
If Ret	red: Date of Retirement Monthly Pension \$	
If Dis	abled: Date of Disablement Disability Pension \$	_
Click	Link to see benefit statement examples: https://www.troyanlaw.com/new-york-specific-plar	IS.
P (Check Enclosed. Amount (Next Day Rush Fee add \$75.00) \$	0
	Secure Payment made on our website at:	
	CHARGE CARDS: Amex VISA MC Discover	
Card	nolder's Name Amt. to Charge:\$	
	Number Expiration Date:	
Billin	Zip Code 3/4 Digit Security Code	_
This	form is available on our website: https://www.troyanlaw.com/pension-evaluations	
To se	nd us documents by Email: info@TroyanLaw.com	
-or-		
Secur	e Upload:	