PENSION VALUATION REQUEST FORM

California

DATE: CLIENT'S N	AME: COUNTY:
REOUESTOR'S NAME:	
MAILING ADDRESS:	
CITY:	STATE: California ZIP:
TELEPHONE: ()	STATE: California ZIP: FAX: E-MAIL:
Methods of Valuation	For Court Ordered Report: Docket #
If not checked, we will default to the GATT Meth	-
GATT (GAM Mortality Tables	Address:
& 30 Year Treasury Bond Rate	State: Zip:
BBGC (GAM Mortality Tables & PBGC Annuity Rates)	Phone: Fax:
VALUATION DATE:	CA-CURRENT [Date of Trial or Date Set for Payment of Benefits-In re Crook, 2 Cal.
REQUIRED INFORMATION ABOUT I	ENSION HOLDER
NAME:	SEX: DATE OF BIRTH:
DATE OF MARRIAGE:	DATE MARRIAGE ENDED:
	CA- Date of Separation [In re Hardin, 45 Cal. Rptr. 2d 308 - 1995]
NAME OF PENSION PLAN:	
DATE EMPLOYMENT STARTED:	(Date pension holder began participation in the plan)
Please indicate any breaks in service:	
Employment Start/Stop Dates:	Termination Date:
Retirement Date: Was a s	urvivor option selected? \square Yes \square No If yes, consider having the surviving spouse's
benefit valued. Is the Pension Holder receivi If yes, are Social Security Disability Benefits	
NORMAL RETIREMENT AGE:	CA- [In re Oddino, 939 P. 2d 1266 (1997)]
"ACCRUED MONTHLY PENSION BENEFIT AS C [This is the amount of monthly pension benefit the employee wou	F (DATE) WAS \$ (DOLLARS PER MONTH) d be entitled to if it were assumed that the employee was of normal retirment age (earliest age employee can based upon compensation and plan provisions as of the Date Marriage Ended]
*IS THE EMPLOYEE ELIGIBLE FOR POST-RETIR If the answer is yes, what has been the average historical percentage equal to a 5 year average of 60% of the increase in the Consumer	EMENT COST-OF-LIVING INCREASES? The Yes No CA- [In re Schofield, 62 Cal. App. 4th 131] the increase per year:%. If you do not fill in the percentage, we will assume a rate Price Index for the year prior to the Date of Valuation)
If no, consider requesting a Social Security Offset Report. Referer In order to complete this type of analysis, we need a history of yea	RITY FOR THE YEARS OF PLAN PARTICIPATION? ce these cases CA-[Cornbleth, 580 A.2d 369 (PA Super. 1990) and Neel, 113 Ohio App. 3d 24 (1996)] dy earnings while a participant is in the plan. Additional charge \$125.00.
*IS THE EMPLOYEE FULLY VESTED? Yes (If the answer is no, how many years of service does the pension p	n require for vesting:Years) CA-[In re Brown, 544 P. 2d 561 (1976) & In re Gillmore, 629 P. 2d 1
*If you are unable to answer these questions, we will determine th	answers AT NO ADDITIONAL CHARGE if you enclose the following:
 (A) A copy of the pension plan booklet (this will not be returned- (B) Employee's annual benefits statements as of a date within 12 m 	
(C) Employee's income(used to determine pension benefits) for the	five years preceding the Date the Marriage Ended
☐ I have enclosed my check	payable to Pension Appraisers, Inc. for \$240.00 iness checks will be held for 2 weeks to ensure the check clears. This does not apply to firm/attorney checks.
	iness checks will be held for 2 weeks to ensure the check clears. This does not apply to firm/attorney checks.
Card Number:	
□ Mastercard □ Amex	
Discover Disa Signature:	Date: ^{Exp.} Date:
Name on the credit card:	Cardholder's
Billing address:	phone number:
	ADDITIONAL SERVICES
	SEN ABOVE (if GATT above then PBGC & visa versa) Need Help?
	ore than one Valuation Date (Separation Date, Divorce Date, etc.) PENSION APPRAISERS, INC
DATES:	(Each Additional \$200.00) P.O. Box 4390
SOCIAL SECURITY OFFSET REPORTS: Add	1_800_44/_0084
EXPEDITED SERVICE: Additional \$125.00 (2)	-hour business day turn-around via fax or email). Fax: 610-770-9342
COURT TESTIMONY: We will provide expert testimony regardin QUALIFIED DOMESTIC RELATIONS ORDERS: Our fee for dra STRUCTURED SETTLEMENTS: Our fee for determining the pre	tting a QDRO (from start to finish) is \$495.00