PENSION VALUATION							
DATE:CLIENT'S NAM							
REQUESTOR'S NAME:							
MAILING ADDRESS:CITY:	CTATE: D	ictrict of	710	•			
TELEPHONE: ()	FAX ()	Z.I. F.	MAII ·			
Methods of Valuation							
If not checked, we will default to the GATT Method							
GATT (GAM Mortality Tables & 30 Year Treasury Bond Rates)	Address:						
PBGC (GAM Mortality Tables & PBGC Annuity Rates)	City: Phone:		State: _ Fax: _		Zi	p:	
VALUATION DATE:	DC-Date as	close as possil	ole to the Trial	Date [Mc D	iarmid, 649	4.2d 810-199	41
REQUIRED INFORMATION ABOUT PEN		-	710 VO VIII0 111WI	2 440 [1110 2		010 133	-1
NAME:	SEX: DATE OF BIRTH:						_
DATE OF MARRIAGE:	DATE MARRIAGE ENDED: DC- [Final Decree of Divorce or Legal Separation - D.C Code 16-910 - 19						
			DC- [Final Dec	ree of Divorce o	r Legal Separat	on - D.C Code 1	6-910 - 1981 J
NAME OF PENSION PLAN:							
DATE EMPLOYMENT STARTED:			(Date pension	n holder began p	participation in t	ne plan)	
Please indicate any breaks in service: Employment Start/Stop Dates:		т	ormination l	Dato			
Retirement Date: Was a surv	vivor ontion selected?	1 2	If wes consider	der having t	he survivino	snouse's	
benefit valued. Is the Pension Holder receiving I	Disability Benefits?	☐ Yes ☐ No I	DC-[Bethel, 119 WLI				
If yes, are Social Security Disability Benefits bein	ıg paid? □Yes □1	No					
NORMAL RETIREMENT AGE:							
*ACCRUED MONTHLY PENSION BENEFIT AS OF _ [This is the amount of monthly pension benefit the employee would be retire and receive unreduced benefits) with a fully vested pension based	entitled to if it were assumed upon compensation and p	(DATE) ed that the employed plan provisions as of	WAS \$ e was of normal retir the Date Marriage E	ment age (earlie nded]	st age employee	DOLLARS PER I	MONTH)
*IS THE EMPLOYEE ELIGIBLE FOR POST-RETIREME	ENT COST-OF-LIVIN	NG INCREASE	s? □Yes	s □ No	DC- no case law		
If the answer is yes, what has been the average historical percentage incequal to a 5 year average of 60% of the increase in the Consumer Price	rease per year: Index for the year prior to t	_%. If you do not fil the Date of Valuation	l in the percentage, v n)	ve will assume a	rate		
*WILL THE EMPLOYEE RECEIVE SOCIAL SECURIT [If no, consider requesting a Social Security Offset Report. Reference the In order to complete this type of analysis, we need a history of yearly early ear	Y FOR THE YEARS (lese cases DC-[Cornbleth, 58 arnings while a participant)	OF PLAN PAR' 80 A.2d 369 (PA Sup is in the plan. Addi	TICIPATION? per. 1990) and Neel, 1 tional charge \$125.00	☐ Yes 13 Ohio App. 3	□ No d 24 (1996)]		
*IS THE EMPLOYEE FULLY VESTED? Yes (If the answer is no, how many years of service does the pension plan re	No equire for vesting:	Ye	ars) DC-[Barbour, 4	64 A.2D 915 (19	83)]		
*If you are unable to answer these questions, we will determine the ans (A) A copy of the pension plan booklet (this will not be returned-please		L CHARGE if you e	nclose the following:				
(B) Employee's annual benefits statements as of a date within 12 month. (C) Employee's income(used to determine pension benefits) for the five	0						
I have enclosed my check p Requests accompanied by personal checks or personal busines	ayable to P	ension A	Appraisei	rs, Inc.	for \$24	0.00	
_ —	s checks will be held for 2 w	veeks to ensure the c	theck clears. This doe	es not apply to fi	rm/attorney cho	ecks.	
☐ Card Number:							
□ Mastercard □ Amex □ Discover □ Visa Signature:			Date:		Exp. — Date:		
Name on the credit card:			Cardholder's				——
Billing address:			phone n	umber:			
MULTIPLE VALUATIONS: Additional \$200.00 p	-ADDITIONAL Sper pension, Please pr	SERVICES • rovide addition	al reports based	d upon the fo	ollowing:		
OPPOSITE METHOD OF THAT CHOSEN Please provide appraisals based upon more	ABOVE (if GATT a	bove then PBG	C & visa versa)	•	, and the second	N APPRAISI	
DATES:			_(Each Additio	onal \$200.00)	Δ11 α	P.O. ntown, PA 1	. Box 4396 8105-4396
SOCIAL SECURITY OFFSET REPORTS: Addition EXPEDITED SERVICE: Additional \$125.00 (24-ho			x or email)		Alle	1-800	-447-0084
COURT TESTIMONY: We will provide expert testimony regarding ou	,		r or ciriair).		nonan-@-)-770-9342 visors com
QUALIFIED DOMESTIC RELATIONS ORDERS: Our fee for drafting STRUCTURED SETTLEMENTS: Our fee for determining the present was	g a QDRO (from start to fin	nish) is \$495.00	40.00.			ensionappra ensionappra	