PENSION VALUATION	N REQUEST FORM Kentucky	
	IE:COUNTY:	
REQUESTOR'S NAME:		
MAILING ADDRESS:		
CITY:	STATE: Kentucky ZIP: FAX: ()E-MAIL:	
TELEPHONE: ()	FAX: ()E-MAIL:	
Methods of Valuation	For Court Ordered Report: Docket #	
If not checked, we will default to the GATT Method	Copy to Judge:	
GATT (GAM Mortality Tables	Address:	
& 30 Year Treasury Bond Rates)	City: State: Zip:	
PBGC (GAM Mortality Tables & PBGC Annuity Rates)	Phone: Fax:	
VALUATION DATE:	KY-Date of Dissoluion Decree [Stallings, 606 S.W. 2d 163-1980]	
REQUIRED INFORMATION ABOUT PEN		
NAME:	SEX: DATE OF BIRTH:	
DATE OF MARRIAGE:	DATE MARRIAGE ENDED: KY- [Stallings, 606 S.W. 2d 163 - 1980 & Clark, 78	2 S.W. 2d 56 - 1990 l
		2 3.11. 2u 30 - 1990 j
DATE EMPLOYMENT STARTED: Please indicate any breaks in service:	(Date pension holder began participation in the plan)	
	Termination Date:	
Retirement Date: Was a survi	ivor option selected? $\square_{Yes} \square_{No}$ If yes, consider having the surviving spouse	 e's
benefit valued. Is the Pension Holder receiving D	Disability Benefits?	
If yes, are Social Security Disability Benefits being	g paid? ☐ Yes ☐ No KY- (Earliest age employee can retire and receive unreduced benefits)	
	(DATE) WAS \$ (DOLLAR entitled to if it were assumed that the employee was of normal retirment age (earliest age employee can I upon compensation and plan provisions as of the Date Marriage Ended]	S PER MONTH)
*IS THE EMPLOYEE ELIGIBLE FOR POST-RETIREME		
*WILL THE EMPLOYEE RECEIVE SOCIAL SECURITY [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 ear	Y FOR THE YEARS OF PLAN PARTICIPATION? See cases KY-[Cornbleth, 580 A.2d 369 (PA Super. 1990) and Neel, 113 Ohio App. 3d 24 (1996)] rrnings while a participant is in the plan. Additional charge \$125.00.	
*IS THE EMPLOYEE FULLY VESTED? ☐ Yes ☐ N		
*If you are unable to answer these questions, we will determine the answ (A) A copy of the pension plan booklet (this will not be returned-please (B) Employee's annual benefits statements as of a date within 12 months (C) Employee's income(used to determine pension benefits) for the five y	e send a copy). Is of the Date the Marriage Ended.	
☐ I have enclosed my check p	ayable to Pension Appraisers, Inc. for \$240.00 s checks will be held for 2 weeks to ensure the check clears. This does not apply to firm/attorney checks.	
_ —	s 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 ☐ Visa Signature:	Date: Exp. Date:	
Name on the credit card:		
Billing address:	phone number:	
MIII TIPLE VALUATIONS: Additional \$200.00 pg	er pension. Please provide additional reports based upon the following:	
	ABOVE (if GATT above then PBGC & visa versa)	Niand IIIalaa
		Need Help?
	mair one variation bate (Separation bate, Divorce bate, etc.)	RAISERS, INC.
DATES:	(Each Additional \$200.00)	-
	(Each Additional \$200.00) mal \$125.00 per pension Allentown,	RAISERS, INC. P.O. Box 4396