PENSION VALUATION	REQUEST FORM	Louisiana
DATE:CLIENT'S NAM	E:	COUNTY:
REQUESTOR'S NAME:		
MAILING ADDRESS:		
CITY:	STATE: Louisiana 2	ZIP: _E-MAIL:
TELEPHONE: ( )	FAX: ( )	_E-MAIL:
Methods of Valuation	For Court Ordered Report: Doc	ket #
If not checked, we will default to the GATT Method		
GATT (GAM Mortality Tables	Address:	
& 30 Year Treasury Bond Rates)	City: State	: Zip:
☐ PBGC (GAM Mortality Tables & PBGC Annuity Rates)	Phone: Fax	:
VALUATION DATE:	LA-Current Date [Date of Dissolution	of the Community-Sims, 358 So. 2d 919-1979]
REQUIRED INFORMATION ABOUT PEN		•
NAME:	SEX: DATE O	F BIRTH:
DATE OF MARRIAGE:	DATE MARRIAGE ENDED:	I A. [ Sime 358 So 2d 919 - 12979 ]
NAME OF PENSION PLAN:		
DATE EMPLOYMENT STARTED: Please indicate any breaks in service:	(Date pe	nsion holder began participation in the plan)
Employment Start/Stop Dates:	Terminatio	on Date:
Retirement Date: Was a surviv	vor option selected?  \(\begin{align*} \text{Yes} & \begin{align*} \text{No} & \text{If yes, co} \\ Sectors of the property of the prope	nsider having the surviving spouse's
benefit valued. Is the Pension Holder receiving Di	sability Benefits?	529 So. 2d 59 (1988) & Rearden, 568 So. 2d 1111 (1990) ]
If yes, are Social Security Disability Benefits being NORMAL RETIREMENT AGE:		d receive considered benefits)
NORWAL RETIREMENT AGE.	LA- (Earliest age employee can retire an	a receive unreduced benefits)
*ACCRUED MONTHLY PENSION BENEFIT AS OF [This is the amount of monthly pension benefit the employee would be er retire and receive unreduced benefits) with a fully vested pension based	(DATE) WAS \$	retirment age (earliest age employee can age Ended]
*IS THE EMPLOYEE ELIGIBLE FOR POST-RETIREMENT If the answer is yes, what has been the average historical percentage increased under the consumer Price In	NT COST-OF-LIVING INCREASES? $\Box$	Yes 📮 No LA-no case law
*WILL THE EMPLOYEE RECEIVE SOCIAL SECURITY [If no, consider requesting a Social Security Offset Report. Reference thes In order to complete this type of analysis, we need a history of yearly ear.	FOR THE YEARS OF PLAN PARTICIPATION se cases LA-[Cornbleth, 580 A.2d 369 (PA Super. 1990) and No nings while a participant is in the plan. Additional charge \$1	N?
*IS THE EMPLOYEE FULLY VESTED? $\square$ Yes (If the answer is no, how many years of service does the pension plan req	Io.	
*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 s (B) Employee's annual benefits statements as of a date within 12 months	send a copy). of the Date the Marriage Ended.	ving:
(C) Employee's income(used to determine pension benefits) for the five y		sers Inc. for \$240.00
I have enclosed my check pa	checks will be held for 2 weeks to ensure the check clears. Thi	s does not apply to firm/attorney checks.
☐ Card Number:		
☐ Mastercard ☐ Amex		
	Date:	Date:
Name on the credit card:	Card	holder's
Billing address:	phon	e number:
MULTIPLE VALUATIONS: Additional \$200.00 pe	ADDITIONAL SERVICES r pension. Please provide additional reports be	ased upon the following:
OPPOSITE METHOD OF THAT CHOSEN	•	DELICIONI ADDD ATCEDO TAGO
Please provide appraisals based upon more th	` <del>-</del>	P O Roy 1206
DATES:  SOCIAL SECURITY OFFSET REPORTS: Addition	·	litional \$200.00) Allentown, PA 18105-4396
EXPEDITED SERVICE: Additional \$125.00 (24-hou	* *	1-800-447-0084
COURT TESTIMONY: We will provide expert testimony regarding our	appraisals. Our fee is \$1295.00 per day.	Fax: 610-770-9342 penapp@pensionappraisers.com
QUALIFIED DOMESTIC RELATIONS ORDERS: Our fee for drafting a STRUCTURED SETTLEMENTS: Our fee for determining the present va		www.pensionappraisers.com