| PENSION VALUATION | REQUEST I | FORM | Maine |
|--|--|---|--|
| DATE:CLIENT'S NAM | IE: | COUNTY: | |
| REQUESTOR'S NAME: | | | |
| | | | |
| CITY: | STATE: Maine | ZIP: | |
| CITY: TELEPHONE: () | FAX: () | E-MAIL: | |
| Methods of Valuation | | l 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: | ME-Current Date [Da | ate of Final Divorce Decree-Noy | ves, 662 A. 2d 921-1995] |
| REQUIRED INFORMATION ABOUT PEN | ISION HOLDER | · | , |
| NAME: | SEX: | DATE OF BIRTH: _ | |
| DATE OF MARRIAGE: | DATE MARRIAGE | ENDED: | |
| | | | ME- [Noyes, 662 A. 2d 921 - 1995] |
| NAME OF PENSION PLAN: | | | |
| DATE EMPLOYMENT STARTED: | | (Date pension holder began p | participation in the plan) |
| Please indicate any breaks in service: | | T : :: D : | |
| Employment Start/Stop Dates: | | | |
| Retirement Date: Was a survi benefit valued. Is the Pension Holder receiving D | vor option selected? ☐ Yes Disability Benefits? ☐ IVes ☐ | □No II yes, consider naving t | ne surviving spouse s |
| If yes, are Social Security Disability Benefits being | g paid? 🔲 Yes 🔲 No | | |
| NORMAL RETIREMENT AGE: | | | |
| *ACCRUED MONTHLY PENSION BENEFIT AS OF— [This is the amount of monthly pension benefit the employee would be eretire and receive unreduced benefits) with a fully vested pension based | (DA' entitled to if it were assumed that the en upon compensation and plan provision | FE) WAS \$ | (DOLLARS PER MONTH) est age employee can |
| *IS THE EMPLOYEE ELIGIBLE FOR POST-RETIREME If the answer is yes, what has been the average historical percentage inci- equal to a 5 year average of 60% of the increase in the Consumer Price | | | |
| *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 ea | ese cases ME-[Cornbleth, 580 A.2d 369 (| PA Super. 1990) and Neel, 113 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 | Oquire for vesting: | Years) ME-[No Case Law] | |
| *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 | send a copy). of the Date the Marriage Ended. | | |
| I have enclosed my check p | | | for \$240.00 |
| Requests accompanied by personal checks or personal business | checks will be held for 2 weeks to ensur | re the check clears. This does not apply to f | irm/attorney checks. |
| Card Number: | | | |
| ☐ Mastercard ☐ Amex | | | Exp. |
| | | | — Date: |
| Name on the credit card: | | | • |
| Billing address: | ADDITIONAL SERVIC | phone number: _ | |
| MULTIPLE VALUATIONS: Additional \$200.00 pe | er pension. Please provide add | litional reports based upon the f | 9 |
| OPPOSITE METHOD OF THAT CHOSEN | , | , | Need Help? PENSION APPRAISERS, INC. |
| Please provide appraisals based upon more t | ` · | · | P.O. Roy 1206 |
| DATES: SOCIAL SECURITY OFFSET REPORTS: Addition | | (Each Additional \$200.00 | Allentown, PA 18105-4396 |
| EXPEDITED SERVICE: Additional \$125.00 (24-ho | * * | via fax or email). | 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 QDRO (from start to finish) is \$495.00 STRUCTURED SETTLEMENTS: Our fee for determining the present value of a structured settlement proposal is \$240.00. www.pensionappraisers.com | | | |