PENSION VALUATION	I REQUEST F	ORM	Minnesota
DATE: CLIENT'S NAM	IE:	COUNTY:	
REQUESTOR'S NAME:			
MAILING ADDRESS:			
CITY:	STATE: Minnesota	a ZIP:	
CITY: TELEPHONE: ( )	FAX: ( )	E-MAIL: _	
Methods of Valuation			
If not checked, we will default to the GATT Method	Copy to Judge:		
GATT (GAM Mortality Tables & 30 Year Treasury Bond Rates)	Address:		
_	City:	State:	Zip:
☐ PBGC (GAM Mortality Tables & PBGC Annuity Rates)	Phone:	Fax:	
VALUATION DATE:	MN-Current Date [Date	e of Distribution-Bollenbach	, 175 N.W. 2d 148-1970]
REQUIRED INFORMATION ABOUT PEN	ISION HOLDER		
NAME:	SEX:	DATE OF BIRTH: _	
DATE OF MARRIAGE:	DATE MARRIAGE E	NDED:	(Dissolution, Habids and NIM ad and 1001)
NAME OF PENSION PLAN:			
DATE EMPLOYMENT STARTED:		(Date pension holder began	participation in the plan)
Please indicate any breaks in service:		Tomaination Date:	
Employment Start/Stop Dates: Was a surv			
benefit valued. Is the Pension Holder receiving D	Pisability Benefits?	No II yes, consider naving  No MN-ISwanson, 583 N.W. 2d 15 (199	the 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 retire and receive unreduced benefits) with a fully vested pension based	(DATE entitled to if it were assumed that the empl upon compensation and plan provisions a	wAS \$ oyee was of normal retirment age (earlings of the Date Marriage Ended]	(DOLLARS PER MONTH) iest age employee can
*IS THE EMPLOYEE ELIGIBLE FOR POST-RETIREME If the answer is yes, what has been the average historical percentage inc equal to a 5 year average of 60% of the increase in the Consumer Price			MN-[Petschel, 406 N.W. 2d 604 (1987)] a rate
*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 MN-[Cornbleth, 580 A.2d 369 (PA	Super. 1990) and Neel, 113 Ohio App.	□ No 3d 24 (1996)]
*IS THE EMPLOYEE FULLY VESTED? $\square$ Yes $\square$ (If the answer is no, how many years of service does the pension plan re	No quire for vesting:	Years) MN-[Janssen, 331 N. W. 2d 75	52 (1983)]
*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	e send a copy). Is of the Date the Marriage Ended.		
(C) Employee's income(used to determine pension benefits) for the five			for \$240.00
I have enclosed my check p	checks will be held for 2 weeks to ensure t	he check clears. This does not apply to	firm/attorney checks.
☐ Card Number:			
□ Mastercard □ Amex			Exp.
			— Date:
Name on the credit card:			
Billing address:	ADDITIONAL SERVICE	phone number: _	
MULTIPLE VALUATIONS: Additional \$200.00 pe	er pension. Please provide addit	ional reports based upon the	following:
OPPOSITE METHOD OF THAT CHOSEN	•	,	Need Help?
Please provide appraisals based upon more t	` *	,	PENSION APPRAISERS, INC. P.O. Box 4396
DATES:  SOCIAL SECURITY OFFSET REPORTS: Addition		(Each Additional \$200.00	Allentown, PA 18105-4396
EXPEDITED SERVICE: Additional \$125.00 (24-ho		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 STRUCTURED SETTLEMENTS: Our fee for determining the present v		s \$240.00.	www.pensionappraisers.com