## PENSION VALUATION REQUEST FORM

Montana

DATE: CLIENT'S NAME:		1E:	COUNTY:					
<b>REQUESTOR'S</b>	NAME:							
MAILING ADI	DRESS:							
	CITY:	STATE:	Montana	ZIP	:			
TELEPHONE:	DRESS: CITY: ( )	FAX: (	)	<u> </u>	MAIL:			
	ods of Valuation	For Co	ourt Ordered R	eport: Docket	#			
If not checked, we		to Judge:	-					
GATT	(GAM Mortality Tables	Addre	ess:					
] [	& 30 Year Treasury Bond Rates)	City:		State:		Zip:		
<b>PBGC</b>	(GAM Mortality Tables & PBGC Annuity Rates)	-	:	Fax:			_	
VALUATION E		MT-Cu	urrent Date [In re]	Danelson, 833 P.	2d 215-1992]			
	FORMATION ABOUT PEN							
		SEX: DATE OF BIRTH:						
DATE OF MAR	RIAGE:	DATE N	MARRIAGE EN MT-   Cu	NDED: t-off date used to deter	mine Time Rule	Formula - In re R	olfe, 766 P. 2d 223 - 1988	
	SION PLAN:							
	MENT STARTED: te any breaks in service:			(Date pensior	n holder began par	ticipation in the p	lan)	
Flease indica		Termination Date:						
		option selected? $\square$ Yes $\square$ No If yes, consider having the surviving spouse's						
benefit value	d. Is the Pension Holder receiving I	Disability Benefi	ts? 🛛 Yes 🗖 No	MT - [Inre Blanken	ship, 682 P. 2d 135	54 (1984) ]	ouse s	
	cial Security Disability Benefits bein							
	TIREMENT AGE:							
*ACCRUED MON [This is the amount of m	THLY PENSION BENEFIT AS OF _ nonthly pension benefit the employee would be uced benefits) with a fully vested pension based	entitled to if it were a	(DATE) assumed that the employ	WAS \$ yee was of normal retir	ment age (earliest	(DO age employee can	LLARS PER MONTH)	
	E ELIGIBLE FOR POST-RETIREM				5 🛛 No м			
	at has been the average historical percentage inc ge of 60% of the increase in the Consumer Price							
*WILL THE EMPLO [If no, consider requesti: In order to complete this	OYEE RECEIVE SOCIAL SECURIT ng a Social Security Offset Report. Reference th s type of analysis, we need a history of yearly ea	Y FOR THE YEA ese cases MT-[Cornb arnings while a partic	ARS OF PLAN PA bleth, 580 A.2d 369 (PA S cipant is in the plan. Ad	RTICIPATION? uper. 1990) and Neel, 1 ditional charge \$125.00	□ Yes 13 Ohio App. 3d 2	□ No 24 (1996)]		
	EE FULLY VESTED? 🗖 Yes 📮 ] v many years of service does the pension plan re							
	swer these questions, we will determine the ans							
<ul><li>(A) A copy of the pension</li><li>(B) Employee's annual b</li></ul>	on plan booklet (this will not be returned- please penefits statements as of a date within 12 month	e send a copy). s of the Date the Mar	riage Ended.	, in the second s				
	used to determine pension benefits) for the five		÷		e Inc f	or \$210	00	
Requests accon	panied by personal checks or personal business	s checks will be held	for 2 weeks to ensure the	e check clears. This doe	s not apply to firm	<b>ΟΙ φ2πΟ</b> n/attorney checks		
Card Nu	mber:							
	Amex Visa <b>Signature:</b>			Date:		Exp. – Date:		
Name on the cr					Date.			
				phone n				
		ADDITION	AL SERVICES	-				
	ALUATIONS: Additional \$200.00 p TE METHOD OF THAT CHOSEN				i upon the fol	lowing:	Need Help?	
	ovide appraisals based upon more				Date, etc.)	PENSION A	APPRAISERS, INC	
DATES:						A 11 are 1	P.O. Box 4396	
SOCIAL SECURITY OFFSET REPORTS: Additional \$125.00 per pension							own, PA 18105-4396 1-800-447-0084	
	<b>ERVICE:</b> Additional \$125.00 (24-hc	,		ax or email).			Fax: 610-770-9342	
QUALIFIED DOMESTIC	Ve will provide expert testimony regarding ou CRELATIONS ORDERS: Our fee for drafting MENTS: Our fee for determining the present v	a QDRO (from star	t to finish) is \$495.00	\$240.00.	1		sionappraisers.com sionappraisers.com	