PENSION VALUATION REQUEST FORM

North Dakota

DATE:	NAME:	COUNTY:												
REQUESTOR'S	S NAME:		· · · · <u>·</u>											
MAILING AD	DRESS:													
	CITY:		ST	ATE:	North D	akota	Z	IP:						
TELEPHONE: ()				CATE: North Dakota ZIP: FAX:										
122211101(2)	()													
Meth		For Court Ordered Report: Docket #										_		
If not checked, we	e will default t	to the GATT M	ethod	Copy to	o Judge:									_
☐ GATT	(GAM Mort		Addres	ss:									_	
] [& 30 Year Ti	reasury Bond F	ates)	City:			State:				Zip):		_
PBGC	(GAM Mort & PBGC An		Phone:		Fax:									
VALUATION I	DATE:			ND-Cu	rrent Date [D	ate of Tria	l-Urlau	b, 348]	N.W. 2	d 454-19	984]			
REQUIRED IN														
NAME:				SEX:		DA	ATE OI	F BIR	TH:					
DATE OF MAI	RRIAGE:		_ SEX: DATE OF BIRTH: _ DATE MARRIAGE ENDED: _ ND- [Cut-off date used to determine Time Rule Formula - Welder, 520 N.W. 2d 813 - 1											
					ND	- [Cut-off dat	te used to a	determin	ie Time F	ule Formu	ıla - Welc	ler, 520 N.	.W. 2d 813	- 1994
NAME OF PEN	JSION PLA	N·												
DATE EMPLO														
Please indica							, (Date pen	ISIOIT HOIC	lei began	participat	ion in the	planj		
Employme				Term	ninatio	n Dat	e:							
Retiremen	t Date:	a survivor o	option selec	ted? □Yes	□No If	ves, cor	nsider l	having	the surv	viving s	pouse's	5	-	
benefit valu	ed. Is the Pensi	ion Holder rece	iving Disabi	lity Benefit	s? □Yes □	No ND-[Fo	ox, 592 N.V	N. 2d541	(1999)]			r		
If yes, are So	ocial Security D	Disability Benefi	ts being paid	d? 🛛 Yes	No									
NORMAL RE														
*ACCRUED MON [This is the amount of r retire and receive unre	THLY PENSI	ON BENEFIT A	S OF		(DA	ATE) WAS	5 \$				(D	OLLARS	PER MON	ΓH)
[This is the amount of a retire and receive unre	nonthly pension be duced benefits) wit	enefit the employee v h a fully vested pens	vould be entitled ion based upon	l to if it were a compensation	ssumed that the er and plan provisio	mployee was o ns as of the Da	of normal r ate Marriag	retirment ge Ended	age (earl]	iest age en	ployee ca	in		
*IS THE EMPLOY														
If the answer is yes, wh equal to a 5 year avera	nat has been the ave	erage historical perce	ntage increase p	er year:	%. If you d	o not fill in the	e percentag	ge, we wi	ll assume	a rate	uz, 555 in	.vv. 20 742	2 (1964)]	
*WILL THE EMPL [If no, consider request In order to complete th	.OYEE RECEIV ing a Social Securit is type of analysis,	VE SOCIAL SEC y Offset Report. Ref we need a history of	CURITY FOF erence these case yearly earnings	R THE YEA es ND-[Olson, while a partici	ARS OF PLAN 445 NW 2d 1 (199 pant is in the plar	I PARTICII 0) and Cornbl 1. Additional c	PATION eth, 580 A. charge \$12	√? □ .2d 369 (F 5.00.	Yes YA Super.	□ N 1990)]	0			
*IS THE EMPLOY (If the answer is no, ho	w many years of se	ervice does the pension	on plan require f	or vesting:		Years) N	ND-[Delore	ey, 357 N.	.W. 2d 48	8 (1984)]				
*If you are unable to ar	nswer these questio	ns, we will determin	e the answers A	T NO ADDITI	ONAL CHARGE	if you enclose	the followi	ing:						
(A) A copy of the pensi(B) Employee's annual			-		iage Ended									
(C) Employee's income	e(used to determine	pension benefits) fo	r the five years p	preceding the D	Date the Marriage									
🗌 I have	enclosed	d my che al checks or persona	ck paya	able to	Pensio	n App	orais	ers,	Inc	for	\$24(0.00		
	Г	al checks or persona	business checks	s will be held f	or 2 weeks to ensu	ure the check c	lears. This	does not	apply to	firm/attor	mey checl	KS.		
🗌 Card Nu	mber:													
□ Mastercard	L ⊿ Amex												- I	
		gnature:				D	ate:				xp.			
	Date: Date: Date:													
Billing address	icuit caru	phone number												
	'•	• Additional #2		DITION	AL SERVIC	TES	phone	e num	iber: _					
MULTIPLE V	ALUATIONS	Additional \$2	00.00 per per	nsion. Pleas	se provide ad	ditional rep	ports ba	sed up	on the	followir	ıg:			
		O OF THAT CH											Need H	-
· · · ·	* *	sals based upon			· .		te, Divoi	rce Dat	e, etc.)	PEN	ISION		AISERS, P.O. Boy	
						(Ea	ich Add	itional	\$200.0))	Allen		PA 18105	
		ET REPORTS: A			•						1 men		-800-447	
		ditional \$125.00		2			email).					Fax	: 610-770	-934
COURT TESTIMONY: QUALIFIED DOMESTI	IC RELATIONS OF	RDERS: Our fee for	drafting a QDI	RO (from start	to finish) is \$495.	.00						_	praiser	
STRUCTURED SETTLI	EMENTS: Our fee	for determining the	present value of	f a structured s	settlement propos	al is \$240.00.				w	ww.pe	nsionar	opraiser	s.con