PENSION VALUATION REQUEST FORM

New Jersey

DATE: CLIENT'S NAME:		ME:	COUNTY:		
REQUESTOR'S	S NAME:				
MAILING ADI	DRECC.				
	CITY:	STATE:	New Jersey	ZIP:	
TELEPHONE:	CITY:	FAX: ()	E-MAIL:	
Meth	ods of Valuation				
If not checked, we	will default to the GATT Method		to Judge:		
GATT	(GAM Mortality Tables	Addre	ess:		
	& 30 Year Treasury Bond Rates)	City:		State:	Zip:
∐ PBGC	(GAM Mortality Tables & PBGC Annuity Rates)	Phone	::	Fax:	
VALUATION I	DATE:	NJ- Co	mplaint Date [Norma	lly the Date the Complai	nt was Filed]
REQUIRED IN	FORMATION ABOUT PE	NSION HOI	<u>.DER</u>		
NAME:		SEX:	I	DATE OF BIRTH: _	
DATE OF MAR	RRIAGE:	DATE I	MARRIAGE END	ED:	
			NJ- Date of Complaint - Ct	it-off date used to determine cove	erture fraction [Painter, 320 A. 2d 484 - 1974]
NAME OF PEN	ISION PLAN:				
	YMENT STARTED:			(Date pension holder began p	articipation in the plan)
	ite any breaks in service:		-		
	nt Start/Stop Dates:				
ketirement	t Date: Was a sur ed. Is the Pension Holder receiving	vivor option sele Disability Benef	ected? Yes No its?	If yes, consider having the	ne surviving spouse's
If yes, are So	cial Security Disability Benefits bei	ing paid?	$\mathbf{\Box}$ I les $\mathbf{\Box}$ No	- [Avanone, 646 A. 20 1121 (1994)]
NORMAL RET	FIREMENT AGE:		_ NJ- (Earliest age employee	can retire and receive unreduced	benefits)
*ACCRUED MON	THLY PENSION BENEFIT AS OF		(DATE) W	'AS \$	(DOLLARS PER MONTH)
[This is the amount of m retire and receive unred	THLY PENSION BENEFIT AS OF a nonthly pension benefit the employee would b luced benefits) with a fully vested pension bas	e entitled to if it were ed upon compensation	assumed that the employee w n and plan provisions as of th	as of normal retirment age (earlie e Date Marriage Ended]	st age employee can
	EE ELIGIBLE FOR POST-RETIREM				
	at has been the average historical percentage is ge of 60% of the increase in the Consumer Price				
	OYEE RECEIVE SOCIAL SECURI				
[If no, consider requesti: In order to complete this	ing a Social Security Offset Report. Reference is type of analysis, we need a history of yearly	these cases NJ-[White earnings while a parti	, 644 A.2d 1297 (NJ Super. 199 cipant is in the plan. Addition	5) and Hayden, 665 A. 2d 772 (NJ nal charge \$125.00.	Super 1987)]
"IS THE EMPLOYE (If the answer is no, how	EE FULLY VESTED? \Box Yes \Box w many years of service does the pension plan	INO require for vesting:	Years) NJ - [Moore, 553 A. 2d 20 (198	9) & Weir, 413 A. 2d 638 (1980)]
*If you are unable to ans	swer these questions, we will determine the ar	nswers AT NO ADDII	IONAL CHARGE if you encl	ose the following:	
	on plan booklet (this will not be returned- plea benefits statements as of a date within 12 mont		rriage Ended.		
	(used to determine pension benefits) for the fiv		0	· •	ć 404 0.00
	mpanied by personal checks or personal busine	payable to	o Pension Aj	opraisers, Inc.	tor \$240.00
Card Nu					
	□ Amex □ Visa Signature:			Data	Exp.
	■ visa Signature:			Date:	— Date:
Name on the cr	edit card:			_ Cardholder's	
	redit card:		IAL SERVICES -	_ phone number:	
	ALUATIONS. Additional \$200.00	per pension. I lea	ise provide additional	reports based upon the re	niowing.
	TE METHOD OF THAT CHOSE			,	Need Help? PENSION APPRAISERS, INC
	rovide appraisals based upon more			(Each Additional \$200.00)	P.O. Box 1204
SOCIAL SECURITY OFFSET REPORTS: Additional \$125.00 per pension Allentown, PA 18105-4390					
	SERVICE: Additional \$125.00 (24-h	-	-	or email).	1-800-447-0084 Fax: 610-770-9342
	We will provide expert testimony regarding o C RELATIONS ORDERS: Our fee for drafting				penapp@pensionappraisers.com
	EMENTS: Our fee for determining the present			00.	www.pensionappraisers.com