PENSION VALUATION	REQUEST FORM New Mexico
DATE:CLIENT'S NAM	E:COUNTY:
REQUESTOR'S NAME:	
MAILING ADDRESS:	
CITY:	STATE: New Mexico ZIP: FAX: ()E-MAIL:
TELEPHONE: ()	FAX: ()E-MAIL:
Methods of Valuation	For Court Ordered Report: Docket #
If not checked, we will default to the GATT Method	Copy to Judge:
GATT (GAM Mortality Tables & 30 Year Treasury Bond Rates)	Address:
PBGC (GAM Mortality Tables	City: State: Zip:
& PBGC Annuity Rates)	Phone: Fax:
VALUATION DATE:	
REQUIRED INFORMATION ABOUT PEN	
NAME:	SEX: DATE OF BIRTH:
DATE OF MARRIAGE:	DATE MARRIAGE ENDED:NM-[Current Date - Date of Divorce - New Mexico Statutes]
	(Date pension holder began participation in the plan)
Please indicate any breaks in service:	(Date pension notice began participation in the plan)
	Termination Date:
Retirement Date: Was a survi	vor option selected? □ Yes □ No If yes, consider having the surviving spouse's
benefit valued. Is the Pension Holder receiving D. If yes, are Social Security Disability Benefits being	isability Benefits? □Yes □No NM-[No Case Law]
NORMAL RETIREMENT AGE:	
*ACCRUED MONTHLY PENSION BENEFIT AS OF [This is the amount of monthly pension benefit the employee would be e retire and receive unreduced benefits) with a fully vested pension based	(DATE) WAS \$ (DOLLARS PER MONTH) Intitled to if it were assumed that the employee was of normal retirment age (earliest age employee can upon compensation and plan provisions as of the Date Marriage Ended]
*IS THE EMPLOYEE ELIGIBLE FOR POST-RETIREMENT	
*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 ear	FOR THE YEARS OF PLAN PARTICIPATION? Yes No se cases NM-[Cornbleth, 580 A.2d 369 (PA Super. 1990) and Neel, 113 Ohio App. 3d 24 (1996)] nings while a participant is in the plan. Additional charge \$125.00.
*IS THE EMPLOYEE FULLY VESTED? ☐ Yes ☐ N	
*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 y	send a copy). of the Date the Marriage Ended.
<u> </u>	ayable to Pension Appraisers, Inc. for \$240.00 checks will be held for 2 weeks to ensure the check clears. This does not apply to firm/attorney checks.
_ —	checks will be held for 2 weeks to ensure the check clears. This does not apply to firm/attorney checks.
☐ Card Number:	
☐ Mastercard ☐ Amex	Exp.
	Date: Date:
Name on the credit card:	Cardholder's
billing address:	ADDITIONAL SERVICES phone number:
MULTIPLE VALUATIONS: Additional \$200.00 pe	r pension. Please provide additional reports based upon the following:
	ABOVE (if GATT above then PBGC & visa versa) Need Help? PENSION APPRAISERS, INC.
DATES:	BO B. 4000
SOCIAL SECURITY OFFSET REPORTS: Addition	Allomborum DA 1010E 4206
EXPEDITED SERVICE: Additional \$125.00 (24-hou	ur business day turn-around via fax or email). Fax: 610-770-9342
COURT TESTIMONY: We will provide expert testimony regarding our QUALIFIED DOMESTIC RELATIONS ORDERS: Our fee for drafting STRUCTURED SETTLEMENTS: Our fee for determining the present va	a QDRO (from start to finish) is \$495.00