PENSION VALUATION	REQUEST FORM	Nevada
DATE:CLIENT'S NAM	E:	COUNTY:
REQUESTOR'S NAME:		
MAILING ADDRESS:		
CITY:	STATE: Nevada	ZIP: E-MAIL:
TELEPHONE: ()	FAX: ()	E-MAIL:
Methods of Valuation	For Court Ordered Report: Do	ocket #
If not checked, we will default to the GATT Method		
GATT (GAM Mortality Tables & 30 Year Treasury Bond Rates)	Address:	
PBGC (GAM Mortality Tables	City: Sta	te: Zip:
& PBGC Annuity Rates)	Phone: Fa	ax:
VALUATION DATE:	NV-Current Date [Date of Divorce-	Gemma, 778 P. 2d 429-1989]
REQUIRED INFORMATION ABOUT PEN		
NAME:	SEX:DATE	OF BIRTH:
DATE OF MARRIAGE:	DATE MARRIAGE ENDED: _ NV- [Cut-off date u	sed to determine Time Rule Formula - Gemma, 778 P. 2d 429 - 1989]
NAME OF PENSION PLAN: DATE EMPLOYMENT STARTED:		
Please indicate any breaks in service:	(Date	perision noticer began participation in the plant
Employment Start/Stop Dates:	Termina	tion 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 Di If yes, are Social Security Disability Benefits being	sability Benefits? ☐ Yes ☐ No NV - [No Ca	se Law]
NORMAL RETIREMENT AGE:		and receive unreduced benefits; Fondi, 802 P. 2d 1264 (1990)]
*ACCRUED MONTHLY PENSION BENEFIT AS OF [This is the amount of monthly pension benefit the employee would be erretire and receive unreduced benefits) with a fully vested pension based	(DATE) WAS \$_ ntitled to if it were assumed that the employee was of norr upon compensation and plan provisions as of the Date Ma	(DOLLARS PER MONTH) mal retirment age (earliest age employee can rriage Ended]
*IS THE EMPLOYEE ELIGIBLE FOR POST-RETIREMEI If the answer is yes, what has been the average historical percentage increqual to a 5 year average of 60% of the increase in the Consumer Price Ir	NT COST-OF-LIVING INCREASES?	Yes No NV-no case law
*WILL THE EMPLOYEE RECEIVE SOCIAL SECURITY [If no, consider requesting a Social Security Offset Report. Reference thes In order to complete this type of analysis, we need a history of yearly ear	FOR THE YEARS OF PLAN PARTICIPATI e cases NV-[Olson, 445 NW 2d 1 (1990) and Cornbleth, 58 nings while a participant is in the plan. Additional charge	ON?
*IS THE EMPLOYEE FULLY VESTED? \square Yes \square N (If the answer is no, how many years of service does the pension plan required)	O uire for vesting:Years) NV-[New	o Case Law]
*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	end a copy). of the Date the Marriage Ended.	lowing:
I have enclosed my check pa	yable to Pension Appra	isers, Inc. for \$240.00
_ —	thecks will be held for 2 weeks to ensure the check clears.	This does not apply to firm/attorney checks.
☐ Card Number:		
□ Mastercard □ Amex □ Discover □ Visa Signature:	Date	Exp. Date:
Name on the credit card:		
Billing address:	pho	one number:
MULTIPLE VALUATIONS: Additional \$200.00 pe	ADDITIONAL SERVICES	based upon the following:
OPPOSITE METHOD OF THAT CHOSEN A		
Please provide appraisals based upon more the	an one Valuation Date (Separation Date, Di	vorce Date, etc.) PENSION APPRAISERS, INC.
DATES:	,	Additional \$200.00) P.O. Box 4396 Allentown, PA 18105-4396
SOCIAL SECURITY OFFSET REPORTS: Addition EXPEDITED SERVICE: Additional \$125.00 (24-hou		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 a STRUCTURED SETTLEMENTS: Our fee for determining the present va	QDRO (from start to finish) is \$495.00	www.pensionappraisers.com