PENSION VALUATION	N REQUEST FORM Pennsylvania
DATE:CLIENT'S NAM	ME:COUNTY:
REQUESTOR'S NAME:	
MAILING ADDRESS:	
CITY:	STATE: Pennsylvania ZIP:
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	Address:
& 30 Year Treasury Bond Rates) PRCC (GAM Mortality Tables	City: State: Zip: Phone: Fax:
☐ PBGC (GAM Mortality Tables & PBGC Annuity Rates)	Phone: Fax:
VALUATION DATE:	PA-Current Date [Date of the Hearing-King, 481 A.2d 913-Pa. Super. 1984]
REQUIRED INFORMATION ABOUT PEN	
NAME:	SEX: DATE OF BIRTH:
DATE OF MARRIAGE:	DATE MARRIAGE ENDED: PA-[Cut-off date used to determine marital coverture fraction-Braderman, 488 A.2d 613 (PA Super 1985)
	(Date pension holder began participation in the plan)
Please indicate any breaks in service:	(Date pension noticer began participation in the plan)
	Termination Date:
Retirement Date: Was a survi	rivor option selected? \square Yes \square 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	
NORMAL RETIREMENT AGE:	PA-[DeMasi, 530 A.2d 871-Pa. Super. 1987]
	(DATE) WAS \$ (DOLLARS PER MONTH) entitled to if it were assumed that the employee was of normal retirment age (earliest age employee can d upon compensation and plan provisions as of the Date Marriage Ended]
*IS THE EMPLOYEE ELIGIBLE FOR POST-RETIREME	ENT COST-OF-LIVING INCREASES?
	Y FOR THE YEARS OF PLAN PARTICIPATION? See cases PA-[Cornbleth, 580 A.2d 369 (PA Super. 1990) and McClain, 693 A.2d 1355 (PA Super. 1997)] Additional charge \$125.00.
*IS THE EMPLOYEE FULLY VESTED? \square Yes \square (If the answer is no, how many years of service does the pension plan re	No equire for vesting: Years) PA-[Berrington, 598 A. 2d 31 (PA Super 1991); Braderman, 488 A. 2d 613
*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	e send a copy). s of the Date the Marriage Ended.
<u>···</u> · · · · · · · · · · · · · · · · ·	payable to Pension Appraisers, Inc. for \$240.00 s checks will be held for 2 weeks to ensure the check clears. This does not apply to firm/attorney checks.
_ —	s checks 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:	Cardholder's
Billing address:	-ADDITIONAL SERVICES — phone number:
MULTIPLE VALUATIONS: Additional \$200.00 pe	rer pension. Please provide additional reports based upon the following: Need Help?
1 1 * **	than one Valuation Date (Separation Date, Divorce Date, etc.) PENSION APPRAISERS, INC (Fach Additional \$200.00) P.O. Box 439
DATES: SOCIAL SECURITY OFFSET REPORTS: Addition	mal \$125.00 per pension (Each Additional \$200.00) Allentown, PA 18105-439
EXPEDITED SERVICE: Additional \$125.00 (24-hor	1-800-447-008
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 v	r appraisals. Our fee is \$1295.00 per day. penapp@pensionappraisers.com