

PENSION VALUATION REQUEST FORM

Rhode Island

DATE: _____ CLIENT'S NAME: _____ COUNTY: _____
REQUESTOR'S NAME: _____
MAILING ADDRESS: _____
CITY: _____ STATE: Rhode Island ZIP: _____
TELEPHONE: () _____ FAX: () _____ E-MAIL: _____

Methods of Valuation

If not checked, we will default to the GATT Method

- GATT** (GAM Mortality Tables & 30 Year Treasury Bond Rates)
 PBGC (GAM Mortality Tables & PBGC Annuity Rates)

For Court Ordered Report: Docket # _____
Copy to Judge: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

VALUATION DATE: _____ RI-Date as close as possible to the Trial Date [Briceno, 566 A.2d 397-1989]

REQUIRED INFORMATION ABOUT PENSION HOLDER

NAME: _____ SEX: _____ DATE OF BIRTH: _____

DATE OF MARRIAGE: _____ DATE MARRIAGE ENDED: _____
RI- [Cut-off date used to determine marital coverture fraction]

NAME OF PENSION PLAN: _____

DATE EMPLOYMENT STARTED: _____ (Date pension holder began participation in the plan)

Please indicate any breaks in service:

Employment Start/Stop Dates: _____ Termination Date: _____

Retirement Date: _____ Was a survivor option selected? Yes No If yes, consider having the surviving spouse's benefit valued. Is the Pension Holder receiving Disability Benefits? Yes No RI-[Allard, 708 A. 2d 554 (1998) and Kirk, 577 A. 2d 976 (1990)]

If yes, are Social Security Disability Benefits being paid? Yes No

NORMAL RETIREMENT AGE: _____ RI-(Earliest age employee can retire and receive unreduced benefits.)

*ACCRUED MONTHLY PENSION BENEFIT AS OF _____ (DATE) WAS \$ _____ (DOLLARS PER MONTH)
[This is the amount of monthly pension benefit the employee would be entitled to if it were assumed that the employee was of normal retirement age (earliest age employee can retire and receive unreduced benefits) with a fully vested pension based upon compensation and plan provisions as of the Date Marriage Ended]

*IS THE EMPLOYEE ELIGIBLE FOR POST-RETIREMENT COST-OF-LIVING INCREASES? Yes No RI- no case law
If the answer is yes, what has been the average historical percentage increase per year: _____%. If you do not fill in the percentage, we will assume a rate equal to a 5 year average of 60% of the increase in the Consumer Price Index for the year prior to the Date of Valuation)

*WILL THE EMPLOYEE RECEIVE SOCIAL SECURITY FOR THE YEARS OF PLAN PARTICIPATION? Yes No
[If no, consider requesting a Social Security Offset Report. Reference these cases RI-n/a
In order to complete this type of analysis, we need a year of yearly earnings while a participant is in the plan. Additional charge \$125.00.

*IS THE EMPLOYEE FULLY VESTED? Yes No
(If the answer is no, how many years of service does the pension plan require for vesting: _____ Years) RI-[No Case Law]

*If you are unable to answer these questions, we will determine the answers AT NO ADDITIONAL CHARGE if you enclose the following:

- (A) A copy of the pension plan booklet (this will not be returned- please send a copy).
(B) Employee's annual benefits statements as of a date within 12 months of the Date the Marriage Ended.
(C) Employee's income(used to determine pension benefits) for the five years preceding the Date the Marriage Ended

I have enclosed my check payable to Pension Appraisers, Inc. for \$240.00

Requests accompanied by personal checks or personal business 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. /

Name on the credit card: _____ Cardholder's
Billing address: _____ phone number: _____

ADDITIONAL SERVICES

MULTIPLE VALUATIONS: Additional \$200.00 per pension. Please provide additional reports based upon the following:

- OPPOSITE METHOD OF THAT CHOSEN ABOVE** (if GATT above then PBGC & visa versa)
 Please provide appraisals based upon more than one Valuation Date (Separation Date, Divorce Date, etc.)
DATES: _____ (Each Additional \$200.00)

SOCIAL SECURITY OFFSET REPORTS: Additional \$125.00 per pension

EXPEDITED SERVICE: Additional \$125.00 (24-hour business day turn-around via fax or email).

Need Help?

PENSION APPRAISERS, INC.

P.O. Box 4396

Allentown, PA 18105-4396

1-800-447-0084

Fax: 610-770-9342

penapp@pensionappraisers.com

www.pensionappraisers.com

COURT TESTIMONY: We will provide expert testimony regarding our appraisals. Our fee is \$1295.00 per day.

QUALIFIED DOMESTIC RELATIONS ORDERS: Our fee for drafting a QDRO (from start to finish) is \$495.00

STRUCTURED SETTLEMENTS: Our fee for determining the present value of a structured settlement proposal is \$240.00.