PENSION VALUATION REQUEST FORM

South Dakota

DATE: CLIENT'S NAM		ΛE:	COUNTY:			
REOUESTOR'S	SNAME:					
MAILING ADI	ORESS:					
	CITY:		STATE:	South Dakota	a ZIP:	
TELEPHONE:	()		FAX: ()	E-MAIL:	
	ods of Valu					
		the GATT Method		-		
GATT	(GAM Mortal					
	& 30 Year Tre	easury Bond Rates)	City:		State:	Zip:
PBGC	BGC (GAM Mortality Tables & PBGC Annuity Rates)		Phone	:	Fax:	
VALUATION I					ivorce-Geraets, 554 N.V	V. 2d 198-1996]
		<u>ON ABOUT PER</u>				
NAME:			SEX:	I	DATE OF BIRTH:	
DATE OF MAR	RIAGE:		DATE N	AARRIAGE END	ED:	of Separation - Osman, 521 N.W. 2d 659 - 1994
					(Date pension holder begar	participation in the plan)
		s in service:		T.		
Employme	nt Start/Stop	5 Dates:	1	le le	rmination Date:	
henefit value	: Date:	Was a surv	vivor option sele	cted? □Yes □No ts? □Yes □No SD	If yes, consider having	the surviving spouse's
If yes, are So	cial Security Dis	sability Benefits beir	ng paid?	\square I les \square No SD	-[No Case Law]	
					can retire and receive unreduc	ed benefits)
	THI V PENSION	N BENIFEIT AS OF		(DATE) IA	1AG ¢	(DOLLARS PER MONTH)
[This is the amount of n retire and receive unred	nonthly pension benefits) with a	efit the employee would be a fully vested pension base	entitled to if it were a	assumed that the employee w	ras of normal retirment age (earl	(DOLLARS PER MONTH) iest age employee can
				LIVING INCREASES? %. If you do not fill in		
					the percentage, we will assume	
*WILL THE EMPL [If no, consider requesti In order to complete thi	OYEE RECEIVE ng a Social Security (s type of analysis, we	E SOCIAL SECURIT Offset Report. Reference the need a history of yearly e	Y FOR THE YEA nese cases SD-[Cornb arnings while a partic	ARS OF PLAN PARTI leth, 580 A.2d 369 (PA Super. ripant is in the plan. Addition	CIPATION? 1990) and Neel, 113 Ohio App. nal charge \$125.00.	□ No 3d 24 (1996)]
) SD-[Abrams, 516 N.W. 2d 353	
			-			
(A) A copy of the pensio	on plan booklet (this	will not be returned- pleas	e send a copy).	IONAL CHARGE if you encl	ose the following:	
		s of a date within 12 month ension benefits) for the five				
□ I have e	enclosed	my check r	avable to) Pension A	opraisers, Inc.	. for \$240.00
Requests accon	npanied by personal	checks or personal busines	s checks will be held	for 2 weeks to ensure the che	ck clears. This does not apply to	firm/attorney checks.
Card Nu	mber:					
	Amex					Exp.
					Date:	Date:
Name on the cr	edit card:				_ Cardholder's	•
billing address	·			AL SERVICES -	_ phone number: _	
MULTIPLE V.	ALUATIONS: A	Additional \$200.00 p	er pension. Plea	se provide additional	reports based upon the	following:
			,	TT above then PBGC	,	Need Help?
· · ·	* *			· ·	Date, Divorce Date, etc.)	PENSION APPRAISERS, INC P.O. Box 439
					(Each Additional \$200.0	0) Allentown, PA 18105-439
		FREPORTS: Additional \$125.00 (24-b)	-	-	or email)	1-800-447-008
		,	,	turn-around via fax o	n emanj.	Fax: 610-770-934
QUALIFIED DOMESTI	C RELATIONS ORE	ert testimony regarding ou DERS: Our fee for drafting r determining the present	g a QDRO (from star		00.	penapp@pensionappraisers.com www.pensionappraisers.com