PENSION VALUATION	Tennessee Tennessee	
	E:COUNTY:	
REQUESTOR'S NAME:		
MAILING ADDRESS:		
CITY:	STATE: Tennessee 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	Address:	
& 30 Year Treasury Bond Rates)	City: State: Zip:	
☐ PBGC (GAM Mortality Tables & PBGC Annuity Rates)	Phone: Fax:	
VALUATION DATE:	TN-Date as Close as Possible to Date of Final Divorce Hearing [T.C.A. 36-4-1	21-(a)(1)
REQUIRED INFORMATION ABOUT PEN		
NAME:	SEX: DATE OF BIRTH:	
DATE OF MARRIAGE:	DATE MARRIAGE ENDED: TN- [Date as Close as Possible to Date of Final Divorce Hearing - T.C.A. 36-4-1	21-(2)(1)(A)]
DATE EMPLOYMENT STARTED: Please indicate any breaks in service:	(Date pension holder began participation in the plan)	
	Termination Date:	
Retirement Date: Was a survi	vor option selected? $\square_{Yes} \square_{No}$ If yes, consider having the surviving spouse's	
benefit valued. Is the Pension Holder receiving D	isability Benefits? □ Yes □ No. TN-IGreeg, WI. 742347 (1998)]	
If yes, are Social Security Disability Benefits being	g paid?	
	(DATE) WAS \$	MONTH)
*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? The Year Nose cases TN-[Cornbleth, 580 A.2d 369 (PA Super. 1990) and Neel, 113 Ohio App. 3d 24 (1996)] rnings while a participant is in the plan. Additional charge \$125.00.	
*IS THE EMPLOYEE FULLY VESTED? \square Yes \square N (If the answer is no, how many years of service does the pension plan rec	O guire for vesting: Years) TN-[Cohen, 937 S.W. 2d 823 (1996)]	
*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.	
☐ I have enclosed my check pa	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:Billing address:		
Diffing address.	ADDITIONAL SERVICES phone number:	
MULTIPLE VALUATIONS: Additional \$200.00 pe	er pension. Please provide additional reports based upon the following:	. J II .12
	ABOVE (if GATT above then PBGC & visa versa) Necessary Necessary Necessary PENSION APPRAISI PENSION APPRAISI	ed Help? ERS, INC.
DATES:	(Each Additional \$200.00) P.O.	. Box 4396
SOCIAL SECURITY OFFSET REPORTS: Addition	nal \$125.00 per pension Allentown, PA 1	.8105-4396 0-447-0084
EXPEDITED SERVICE: Additional \$125.00 (24-hou	ir business day turn-around via fay or email))-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	