PENSION VALUATION	REQUEST FORM Vermont
	E:COUNTY:
REQUESTOR'S NAME:	
MAILING ADDRESS:	
CITY:	STATE: Vermont 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)	City: State: Zip:
PBGC (GAM Mortality Tables & PBGC Annuity Rates)	Phone: Fax:
VALUATION DATE:	VT-Date as Close as Possible to Date of Trial [Albarelli, 564 A. 2d 598-1989]
REQUIRED INFORMATION ABOUT PEN	
NAME:	SEX: DATE OF BIRTH:
DATE OF MARRIAGE:	DATE MARRIAGE ENDED:  VT- [ Cut-off Date - Usually the Date of Separation - Russell, 597 A. 2d 798 - 1991 ]
	VI-[Cut-off Date - Usually the Date of Separation - Russell, 597 A. 2d 798 - 1991]
	(Date pension holder began participation in the plan)
Please indicate any breaks in service:	Towningtion Date.
Retirement Date: Was a survi	Termination Date: vor option selected? □Yes □No If yes, consider having the surviving spouse's
benefit valued. Is the Pension Holder receiving D	isability Benefits?
If yes, are Social Security Disability Benefits being	g paid? □ Yes □ No
	VT- (Earliest age employee can retire and receive unreduced benefits)
*ACCRUED MONTHLY PENSION BENEFIT AS OF [This is the amount of monthly pension benefit the employee would be e retire and receive unreduced benefits) with a fully vested pension based	(DATE) WAS \$ (DOLLARS PER MONTH)  Intitled to if it were assumed that the employee was of normal retirment age (earliest age employee can upon compensation and plan provisions as of the Date Marriage Ended]
*IS THE EMPLOYEE ELIGIBLE FOR POST-RETIREME!  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 In	NT COST-OF-LIVING INCREASES?
*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?  Yes No No se cases VT-[Cornbleth, 580 A.2d 369 (PA Super. 1990) and McClain, 693 A.2d 1355 (PA Super. 1997)] 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	No.
*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.
Requests accompanied by personal checks or personal business	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.
☐ Card Number:	
☐ Mastercard ☐ Amex ☐ Discover ☐ Visa Signature:	Date: Exp.
	Date: Date:
Rilling address:	Cardholder's phone number:
- <u></u>	ADDITIONAL SERVICES —
MULTIPLE VALUATIONS: Additional \$200.00 pe	r pension. Please provide additional reports based upon the following:
	ABOVE (if GATT above then PBGC & visa versa)  Need Help?  PENSION APPRAISERS, INC.
DATES:	(Each Additional \$200.00) P.O. Box 4396
SOCIAL SECURITY OFFSET REPORTS: Addition	Allontorum DA 1010E 4206
EXPEDITED SERVICE: Additional \$125.00 (24-hou	ur business day turn-around via fax or email).  Fax: 610-770-9342
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