PENSION VALUATIO	N REQUEST FORM Wisconsin
DATE:CLIENT'S NA	ME:COUNTY:
REQUESTOR'S NAME:	
MAILING ADDRESS:	
CITY:	STATE: Wisconsin ZIP:
TELEPHONE: ()	FAX: (E-MAIL:
Methods of Valuation	For Court Ordered Report: Docket #
If not checked, we will default to the GATT Metho	
GATT (GAM Mortality Tables & 30 Year Treasury Bond Rates	Address:
PBGC (GAM Mortality Tables	City: State: Zip: Phone: Fax:
& PBGC Annuity Rates) VALUATION DATE:	
REQUIRED INFORMATION ABOUT P	WI-Current Date [Date of Divorce-Brandt, 427 N.W. 2d 126-1988]
	SEX: DATE OF BIRTH:
DATE OF MARRIAGE:	DATE MARRIAGE ENDED: WI- [Date of Divorce - Bloomer, 267 N.W. 2d 235 - 1978
	WI- [Date of Divorce - Bloomer, 267 N.W. 2d 235 - 1978
NAME OF PENSION PLAN:	
DATE EMPLOYMENT STARTED:	(Date pension holder began participation in the plan)
Please indicate any breaks in service:	
	Termination Date:
benefit valued. Is the Pension Holder receivin	rrvivor option selected? □Yes □No If yes, consider having the surviving spouse's g Disability Benefits? □Yes □No WI - [Duffy, 392 N.W. 2d 115 (1986) & Loveland, 433 N.W. 2d 625 (1988)]
If yes, are Social Security Disability Benefits be	eing paid? Yes No
NORMAL RETIREMENT AGE:	WI- (Earliest age employee can retire and receive unreduced benefits)
*ACCRUED MONTHLY PENSION BENEFIT AS OI [This is the amount of monthly pension benefit the employee would retire and receive unreduced benefits) with a fully vested pension b	E (DATE) WAS \$ (DOLLARS PER MONTH) be entitled to if it were assumed that the employee was of normal retirment age (earliest age employee can ased upon compensation and plan provisions as of the Date Marriage Ended]
*IS THE EMPLOYEE ELIGIBLE FOR POST-RETIRE	MENT COST-OF-LIVING INCREASES?
*WILL THE EMPLOYEE RECEIVE SOCIAL SECUR [If no, consider requesting a Social Security Offset Report. Reference In order to complete this type of analysis, we need a history of yearly	ITY FOR THE YEARS OF PLAN PARTICIPATION? Yes No e these cases WI-[Cornbleth, 580 A.2d 369 (PA Super. 1990) and Neel, 113 Ohio App. 3d 24 (1996)] y earnings while a participant is in the plan. Additional charge \$125.00.
*IS THE EMPLOYEE FULLY VESTED?	NO Negretive for vesting: Years) WI-[Leighton, 261 N.W. 2d 457 (1978) & Bloomer, 267 N.W. 2d 235
(A) A copy of the pension plan booklet (this will not be returned-pl (B) Employee's annual benefits statements as of a date within 12 mo	nths of the Date the Marriage Ended.
(C) Employee's income(used to determine pension benefits) for the the large control of the la	
Requests accompanied by personal checks or personal busi	payable to Pension Appraisers, Inc. for \$240.00 ness 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:	phone number:
MULTIPLE VALUATIONS: Additional \$200.00	—ADDITIONAL SERVICES Diper pension. Please provide additional reports based upon the following:
OPPOSITE METHOD OF THAT CHOS	EN ABOVE (if GATT above then PBGC & visa versa) Need Help? re than one Valuation Date (Separation Date, Divorce Date, etc.) PENSION APPRAISERS, INC
DATES:	(Each Additional \$200.00) P.O. Box 439
SOCIAL SECURITY OFFSET REPORTS: Add	1-800-447-008
	-hour business day turn-around via fax or email). Fax: 610-770-934
COURT TESTIMONY: We will provide expert testimony regarding QUALIFIED DOMESTIC RELATIONS ORDERS: Our fee for draf STRUCTURED SETTLEMENTS: Our fee for determining the prese	ting a QDRO (from start to finish) is \$495.00