PENSION VALUATION	REQUEST FORM	Wyoming
DATE:CLIENT'S NAM	E:	_ COUNTY:
REQUESTOR'S NAME:		
MAILING ADDRESS:		
CITY:	STATE: Wyoming	ZIP: E-MAIL:
TELEPHONE: ()	FAX: ()	E-MAIL:
Methods of Valuation For Court Ordered Report: Docket #		cket #
If not checked, we will default to the GATT Method		
GATT (GAM Mortality Tables & 30 Year Treasury Bond Rates)		
PBGC (GAM Mortality Tables	City: Star Phone: Fa	te: Zip:
& PBGC Annuity Rates)	Phone: Fa	X:
VALUATION DATE:		
REQUIRED INFORMATION ABOUT PEN		
NAME:		
DATE OF MARRIAGE:	DATE MARRIAGE ENDED: _ WY-[Date of Commencement of Ac	tion-W. Va. Code, 48-2-32(d)(1) and Broadhead, 737 P. 2d 731 (1987)
NAME OF PENSION PLAN:		
DATE EMPLOYMENT STARTED:		
Please indicate any breaks in service:		person touch degan participation in the painty
Employment Start/Stop Dates:	Terminat	ion Date:
Retirement Date: Was a survi	vor option selected? □Yes □No If yes,	consider having the surviving spouse's
benefit valued. Is the Pension Holder receiving D If yes, are Social Security Disability Benefits being	Isability Benefits? □ Yes □ No WY - [No Ca ; paid? □ Yes □ No	se Law]
NORMAL RETIREMENT AGE:	WY- (Earliest age employee can retire	
*ACCRUED MONTHLY PENSION BENEFIT AS OF [This is the amount of monthly pension benefit the employee would be eretire and receive unreduced benefits) with a fully vested pension based	(DATE) WAS \$_ ntitled to if it were assumed that the employee was of norn upon compensation and plan provisions as of the Date Mar	(DOLLARS PER MONTH) nal retirment age (earliest age employee can rriage 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 I	NT COST-OF-LIVING INCREASES?	Yes No WY-no case law
*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 early early early the second	FOR THE YEARS OF PLAN PARTICIPATION of Communication (PAS) and Super. 1990) and an anticipant is in the plan. Additional charge	ON?
*IS THE EMPLOYEE FULLY VESTED? \square Yes \square N (If the answer is no, how many years of service does the pension plan red	Io.	
*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.	owing:
I have enclosed my check po		isers, Inc. for \$240.00
_ —	checks will be held for 2 weeks to ensure the check clears. I	This does not apply to firm/attorney checks.
☐ Card Number:		
□ Mastercard □ Amex		
	Date	Exp. Date:
Name on the credit card:		dholder's
Billing address:	ADDITIONAL SERVICES — pho	ne number:
MULTIPLE VALUATIONS: Additional \$200.00 pe	r pension. Please provide additional reports	
OPPOSITE METHOD OF THAT CHOSEN	•	DELICION ADDRAGEDO INC
Please provide appraisals based upon more the DATES:	, ±	dditional \$200.00) P.O. Box 4396
SOCIAL SECURITY OFFSET REPORTS: Addition	,	Allentown, PA 18105-4396
EXPEDITED SERVICE: Additional \$125.00 (24-hor		1-800-447-0084 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 v.	QDRO (from start to finish) is \$495.00	penapp@pensionappraisers.com www.pensionappraisers.com