

# PENSION VALUATION REQUEST FORM

**Delaware**

DATE: \_\_\_\_\_ CLIENT'S NAME: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
REQUESTOR'S NAME: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: Delaware ZIP: \_\_\_\_\_  
TELEPHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### Methods of Valuation

If not checked, we will default to the GATT Method

- GATT** (GAM Mortality Tables & 30 Year Treasury Bond Rates)
- PBGC** (GAM Mortality Tables & PBGC Annuity Rates)

For Court Ordered Report: Docket # \_\_\_\_\_  
Copy to Judge: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

VALUATION DATE: \_\_\_\_\_ DE-Date is Discretionary [Walter, 462 A. 2d 414-1983]

### REQUIRED INFORMATION ABOUT PENSION HOLDER

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
DATE OF MARRIAGE: \_\_\_\_\_ DATE MARRIAGE ENDED: \_\_\_\_\_  
DE- [ Cut-off date used to determine marital coverture fraction ]

NAME OF PENSION PLAN: \_\_\_\_\_

DATE EMPLOYMENT STARTED: \_\_\_\_\_ (Date pension holder began participation in the plan)

Please indicate any breaks in service:

Employment Start/Stop Dates: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Retirement Date: \_\_\_\_\_ Was a survivor option selected?  Yes  No If yes, consider having the surviving spouse's benefit valued. Is the Pension Holder receiving Disability Benefits?  Yes  No DE- [ Armstrong, #CN88-10197, 1994 Del. Fam. Ct. ]

If yes, are Social Security Disability Benefits being paid?  Yes  No

NORMAL RETIREMENT AGE: \_\_\_\_\_ DE- (Earliest age employee can retire and receive unreduced benefits)

\*ACCRUED MONTHLY PENSION BENEFIT AS OF \_\_\_\_\_ (DATE) WAS \$ \_\_\_\_\_ (DOLLARS PER MONTH)  
[This is the amount of monthly pension benefit the employee would be entitled to if it were assumed that the employee was of normal retirement age (earliest age employee can retire and receive unreduced benefits) with a fully vested pension based upon compensation and plan provisions as of the Date Marriage Ended]

\*IS THE EMPLOYEE ELIGIBLE FOR POST-RETIREMENT COST-OF-LIVING INCREASES?  Yes  No DE- no case law  
If the answer is yes, what has been the average historical percentage increase per year: \_\_\_\_\_%. If you do not fill in the percentage, we will assume a rate equal to a 5 year average of 60% of the increase in the Consumer Price Index for the year prior to the Date of Valuation)

\*WILL THE EMPLOYEE RECEIVE SOCIAL SECURITY FOR THE YEARS OF PLAN PARTICIPATION?  Yes  No  
[If no, consider requesting a Social Security Offset Report. Reference these cases DE-[Cornbleth, 580 A.2d 369 (PA Super. 1990) and Neel, 113 Ohio App. 3d 24 (1996)] In order to complete this type of analysis, we need a year of yearly earnings while a participant is in the plan. Additional charge \$125.00.

\*IS THE EMPLOYEE FULLY VESTED?  Yes  No  
(If the answer is no, how many years of service does the pension plan require for vesting: \_\_\_\_\_ Years) DE-[Robert C.S. v. Barbara J. S. 434 A.2d 383 (1981)]

\*If you are unable to answer these questions, we will determine the answers AT NO ADDITIONAL CHARGE if you enclose the following:  
(A) A copy of the pension plan booklet (this will not be returned- please send a copy).  
(B) Employee's annual benefits statements as of a date within 12 months of the Date the Marriage Ended.  
(C) Employee's income(used to determine pension benefits) for the five years preceding the Date the Marriage Ended

**I have enclosed my check payable to Pension Appraisers, Inc. for \$240.00**

Requests accompanied by personal checks or personal business 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: \_\_\_\_\_

### ADDITIONAL SERVICES

**MULTIPLE VALUATIONS:** Additional \$200.00 per pension. Please provide additional reports based upon the following:

- OPPOSITE METHOD OF THAT CHOSEN ABOVE** (if GATT above then PBGC & visa versa)
- Please provide appraisals based upon more than one Valuation Date (Separation Date, Divorce Date, etc.)  
DATES: \_\_\_\_\_ (Each Additional \$200.00)

**SOCIAL SECURITY OFFSET REPORTS:** Additional \$125.00 per pension

**EXPEDITED SERVICE:** Additional \$125.00 (24-hour business day turn-around via fax or email).

COURT TESTIMONY: We will provide expert testimony regarding our appraisals. Our fee is \$1295.00 per day.  
QUALIFIED DOMESTIC RELATIONS ORDERS: Our fee for drafting a QDRO (from start to finish) is \$495.00  
STRUCTURED SETTLEMENTS: Our fee for determining the present value of a structured settlement proposal is \$240.00.

**Need Help?**  
**PENSION APPRAISERS, INC.**  
P.O. Box 4396  
Allentown, PA 18105-4396  
1-800-447-0084  
Fax: 610-770-9342  
penapp@pensionappraisers.com  
www.pensionappraisers.com