

DEFINED BENEFIT PENSION VALUATION FORM

Attorney / Mediator / Other Mailing Information

Name:

Street Address:

State:

Phone:

Firm:

City:

ZIP:

FAX:

Case Information

Pensioner Name:

Date of Birth:

Employer:

Date entered Plan:

If no, date of termination:

Spouse's Name:

Date of Marriage:

Date spouse's interest in pension ends:

(Date of separation, filing, dissolution or trial, as appropriate in your state)

If the pensioner is already receiving benefits, how much are they?

When did they begin?

Gender:
 Male Female

Name of Plan:

Is the Pensioner still employed?
 Yes No

Date of Birth:

Please Describe any Survivors Benefits:

Please enclose a copy of the pension plan booklet and a copy of the pensioner's most recent benefit statement.

Is the Pensioner employed by a government agency or school district?
 Yes No

If "YES", please list the gross base annual pay for the current year and each of the previous three years.

Current Year: Salary: \$

Previous three years:
Year: Salary: \$

Year: Salary: \$

Year: Salary: \$

Do any of the following apply?
 Breaks in service Law Enforcement / Fire / ATC Buy back military or other time

Does the pensioner have any life-threatening illnesses?
 Yes No

If "YES", please describe below:

Payment Information

Please submit a check for \$175 payable to Legal Economic Evaluations, Inc.

We make no attempt to independently verify your data.

The accuracy of our report depends upon the validity and completeness of the data submitted with this form.