



**PENSION VALUATION REQUEST FORM** *NATIONWIDE & CANADA* January 1, 2012

<p><b>PENSION HOLDER</b>                  Name of Pension Holder _____                  Social Security Number _____/_____/_____                  Birth Date _____/_____/_____                  Hire Date _____/_____/_____                  Plan Entry Date _____/_____/_____                  Marriage Date _____/_____/_____                  Date of Marital Cut-Off for the State Jurisdiction of your Case _____                  Complaint _____/_____/_____                  Filing _____/_____/_____                  Divorce _____/_____/_____                  Separation _____/_____/_____                  Other _____/_____/_____                  Name of Spouse _____</p>	<p><b>PLAN</b>                  Employer _____                  Name of Plan to be Valued _____                  Type of Plan _____                  Job Title _____                  Current Status at this Plan:                  Active _____ Yes ___ No ___                  Terminated _____/_____/_____                  Retired _____/_____/_____                  Monthly Retirement Payment \$ _____                  Disability _____/_____/_____                  Annual Pay \$ _____                  Pays into Social Security? _____ Yes ___ No ___                  If No, Provide Salary History until Cut-off, Including Overtime. _____                  Employer Contact Name _____                  Employer Address _____                  Employer Phone (____) _____ - _____</p>
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<p><b>REQUESTING ATTORNEY</b> _____ <b>MEDIATOR</b> _____ <b>INDIVIDUAL</b> _____                  Name _____                  Firm _____                  Address _____                  City _____ County _____ State _____ Zip _____                  Telephone (____) _____ - _____ Fax (____) _____ - _____</p>	<p>Case Name _____ v. _____                  Case Jurisdiction: State _____ County _____                  I represent Wife _____ Husband _____                  E-Mail _____</p>
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**OPPOSING ATTORNEY** For our own info only, in order to avoid a conflict of interest. We will not speak with or share information with opposing attorney, unless we have permission from requesting attorney. PERMISSION TO SPEAK WITH OPPOSING ATTORNEY? \_\_\_ YES \_\_\_ NO

Name \_\_\_\_\_ Firm \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail \_\_\_\_\_

SERVICE REQUESTED	FEE	TOTAL	<i>CALL (800) 288-3675 FOR FEES &amp; DETAILS SPECIFIC TO YOUR MATTER.</i>
<b>Defined Benefit Report</b>	\$200 - 250	_____	For Pennsylvania: PA: Act 175 included at No Extra Charge. Interest Rates: *IRC___ or PBGC___ Separates Pension Payments from Social Security Benefits.  Hourly Fee at \$250/hr with Retainer of \$500. Tracing Method Recommended. Spreadsheet Segregation Analysis including all Growth or Loss. \$300 Fee for Contributions <i>after</i> Marriage Date; \$495 fee takes into account Contributions <i>prior</i> to Marriage Date. Hourly fees may apply. Subtraction and Coverture Methods may be available.
Add'l cut-off or interest rate, same person and plan	\$100 - 150	_____	
Social Security Offset Report	\$325	_____	
Verbal Critique (in addition to Report Fee)	\$80	_____	
Written Critique	\$250/hour	_____	
<b>Defined Contribution Report</b>			
Tracing	\$300/\$495	_____	
Coverture or Subtraction	\$250	_____	
Discovery Per Person, Per Employer	\$150	_____	
<b>Standard Service</b> 10-14 days			
Rush Service Per Report. Call for Availability			<b>Please Provide By:</b> Date ____/____/____ Time _____
Under 8 Days	\$50	_____	
24 Hours or over Weekend	\$100	_____	
<b>Fee Must Accompany Request</b>	<b>Enclosed</b>	\$ _____	Check or Credit Card (VISA or MasterCard preferred)
Check or Money Order payable to "PAC" or Pension Analysis Consultants, Inc. or Credit Card:			   
Credit Card Number: _____/_____/_____/_____ Cardholder Name: _____ Cardholder Address: _____ City: _____ State: _____ Zip: _____ Cardholder daytime phone (____) _____ - _____ cell (____) _____ - _____			Exp. Date: ____/____ (Month/Year)

Fees may sometimes vary due to complexities. Withdrawn requests subject to withheld fee portion and \$85 administrative fee. Full fee nonrefundable.  
 \*See our website for discussion of appropriate interest rates. See our Fee Chart for additional details regarding services. See our QDRO form for Qualified Domestic Relations Orders.

**Send Form, Data, and Fee to:**  
 Pension Analysis Consultants, Inc.  
 8215 Forest Avenue  
 P.O. Box 7107  
 Elkins Park, PA 19027



**Contact Us at:**  
**Phone:** (215) 782-9845  
 (800) 288-3675  
**Fax:** (215) 782-9852  
[www.pensionanalysis.com](http://www.pensionanalysis.com)  
[pac1@pensionanalysis.com](mailto:pac1@pensionanalysis.com)

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