

Jennifer A. Tanck, Esq.

PENSION VALUATION DATA INTAKE

Employee's Name: _____ Date of Birth: _____

Spouse's Name: _____ Date of Birth: _____

Requesting Attorney's Name: _____

Requesting Attorney's Phone Number: _____

Date the Employee was Married: _____

Pension Plan Name: _____

Date the Employee started in the Plan: _____

Date the Employment stopped being Marital: _____

Date to Evaluate the Plan: _____
(i.e., Date of Filing, Divorce, Today's Date)

Employee's Regular Retirement Age (Per Plan Rules): _____

Employee's Earliest Retirement Age (Per Plan Rules): _____

Is the Employee already retired? YES NO

Monthly Benefit (if known): _____

Cost of Living Adjustment Percentage (if known): _____

The undersigned covenants and agrees to pay the amount referenced in the separate Retainer Agreement for the Pension Valuation. The undersigned also agrees to pay all reasonable costs, attorney fees and expenses that shall be incurred and made by the attorney in enforcing the terms of this agreement. On accounts outstanding 30 days, the undersigned covenants and agrees to pay a carrying charge for the greater of \$2.00 or two (2%) per month on the average daily balance to the attorney.

Agreed to and Signed this _____ day of _____, 20 _____.

Signature: _____

Name Printed: _____