Moon, Schwartz & Madden

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Idaho Pension Valuation / Tracing Intake Form

Name	Phone	Fax
Firm Name	Email	
Address		
City	State	ZIP
Representing: Participant or	Non-Participant Spouse Na	me:
Jointly Retained? Yes No	Joint Party's Email	
Participant Information:		
Name		Gender
Address		
City	State	ZIP
Name of pension plan		
(If there are additional plans please provide de		
(Defined Contribution Plans) Were the	<u>=</u>	· ,
<u>Statistical Inform</u>	ation: Please provide all a	pplicable dates
Date of Marriage:	Date of Divorce	9 :
Date Plan Entry:	Date	Terminated Retired
Date of Birth (Participant):	Date of Birth (N	Non-Participant Spouse)
s Participant currently collecting a mon	thly pension: Yes No N	Monthly pension amount \$
· · · · · · · · · · · · · · · · · · ·		. Single Life Annuity, 50% Joint and Survivor l

Pension Valuation

- Most recent statement of accrued benefits from plan administrator, if available.

Tracing

- If contributions were made to the account(s) <u>prior to marriage</u>, please provide all quarterly account statements from the date of marriage through the most recent available. Please do not staple statements.
- If no contributions were made prior to marriage, please provide all quarterly account statements from the date of divorce through the most recent available. Please do not staple statements.

Our fee for a pension valuation is \$375 per plan.

Our hourly rate for tracing is \$375/hour and we can generally trace 5 years of quarterly statement per hour.

A retainer request will be provided via e-mail and payment is required before work can begin.