Moon, Schwartz & Madden

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Illinois Pension Valuation / Tracing Intake Form

Name	Phone	Fax	
Firm Name			
Address			
City	State	ZIP	
Representing: Participant or	Non-Participant Spouse Nan	ne:	
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 det	ail on <u>supplemental form</u>)		
(Defined Contribution Plans) Were ther	e contributions prior to marri	age? Yes / No	
Statistical Informa	tion: Please provide all ap	plicable dates	
Date of Marriage:	Date of Divorce	• •	
Date Plan Entry:	Date	Terminated	Retired
Date of Birth (Participant):	Date of Birth (N	on-Participant Spou	se)
s Participant currently collecting a month	hly pension: Yes No M	onthly pension amo	unt \$
	vas elected at retirement? (e.g.		

Pension Valuation

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

Tracing

- If contributions were made to the account(s) prior to marriage, 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.

Rev: 12/20/24