Moon, Schwartz & Madden

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Wisconsin Pension Valuation / Tracing Intake Form

Attorney Mediator or Self R	epresented	
Name	Phone	Fax
Firm Name		
Address		
City		
Representing: Participant or	Non-Participant Spouse Nam	e:
Jointly Retained? Yes No	Joint Party's Email	
Participant Information:		
Name		Gender
Address	Phone	2
City	State	ZIP
	ere contributions prior to marria ation: Please provide all ap	plicable dates
Date of Marriage:	Date of Divorce :	
Date Plan Entry:	Date	
Date of Birth (Participant):	Date of Birth (No	on-Participant Spouse)
Is Participant currently collecting a mon	thly pension: Yes No Me	onthly pension amount \$
(Pensions) If yes, what form of payment	was elected at retirement ? (e.g. s	Single Life Annuity, 50% Joint and Survivor benefit, etc.)
Please Enclose the following if participation	nt is not already collecting their	benefit:
Pension Valuation		
 Most recent statement of accru 	ed benefits from plan administ	rator, if available.
Tracing		
	the account(s) <u>prior to marriage</u> arriage through the most recent	, please provide all quarterly account available. Please do not staple
– <u>If no contributions were made</u>	<u>prior to marriage</u> , please provid e most recent available. Please d	le all quarterly account statements from o not staple statements.

Our fee for a pension valuation is \$325 per plan.

Our hourly rate for tracing is \$325/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.