Moon, Schwartz & Madden

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West Virginia Pension Valuation / Tracing Intake Form

Attorney Mediator or Self Repre	esented	
Name	Phone	Fax
	Email	
Address		
City		
Representing: Participant or N	Non-Participant Spouse Name: _	
Jointly Retained? Yes No	Joint Party's Email	
Participant Information:		
Name		Gender
Address		
City	State ZII	P
(If there are additional plans please provide detail (Defined Contribution Plans) Were there of <u>Statistical Information</u>		
Date of Marriage: Date Plan Entry:	Date of Divorce :	
Date of Birth (Participant):		
Is Participant currently collecting a monthly	pension: Yes No Month	ly pension amount \$
(Pensions) If yes, what form of payment was	s elected at retirement ? (e.g. Single)	Life Annuity, 50% Joint and Survivor benefit, etc.)
 Please Enclose the following if participant is	s not already collecting their ben	efit:
Pension Valuation		
 Most recent statement of accrued 	benefits from plan administrator	r, if available.
Tracing		
– If contributions were made to the account(s) prior to marriage, please provide all quarterly account		
statements from the date of marri	age through the most recent avai	lable. Please do not staple
statements.		
		l quarterly account statements from
the date of divorce through the mo	ost recent available. Please do no	t 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.