

**RETIREMENT BENEFIT VALUATION WORKSHEET**

Information needed to determine the net present value of retirement plan, one individual, value based on one life.

- 1. Name of Participant: \_\_\_\_\_
- 2. Name of Plan: \_\_\_\_\_
- 3. Date of birth of participant: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 4. Social Security Number of participant: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 5. Date to be used for valuation (usually date of separation): \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 6. A pay stub or earnings statement as of valuation date (attach copy).
- 7. Age at normal retirement: \_\_\_\_\_
- 8. Date participation in plan began: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 9. Amount of monthly benefit expected based on contributions as of date of valuation (or retirement estimate provided by plan): \$ \_\_\_\_\_
- 10. If normal retirement is based other than on age (such as 30 years of service) please explain:  
\_\_\_\_\_

- 11. Indicate date such retirement is expected: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 12. Date of marriage \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 13. Most recent pay stub.
- 14. Most Recent Plan Information – from Pension Administrator
- 15. Please provide the name and phone number of a contact person who can verify items two through eleven:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

ADDITIONALLY PLEASE PROVIDE:

Who should we bill?  
\_\_\_\_\_

Any explanation of benefit contributions and elections that the plan holder has available to them.

If authorization is required from the plan participant to obtain confirmation of the above information, may we contact them directly? If so, please provide address and phone numbers.

May we contact the plan participant? Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_  
Address of Participant

Comments: \_\_\_\_\_  
\_\_\_\_\_