

The Phoenix Benefits Group, Inc.

Pension Evaluation Form

Participant's Name:

Alternate Payee's Name:

Plaintiff (yes/no):

Plaintiff (yes/no):

Social Security Number:

Social Security Number:

Date of birth:

Date of birth:

Address:

Address:

Attorney's name:

Attorney's name:

Case number/county:

Date of marriage:

Date of separation:

Period of employment:

• Hire

• Termination

• Retirement

Pension plan name|EIN:

Please include the following information:

- Completed "Authorization to release information"
- Summary plan description of the pension plan
- Defined benefit calculation from plan administrator
- If a defined contribution plan, all post-separation account statements
- Check for payment (please contact Phoenix Benefits Group, Inc. for this)