

# DIRECTION

**TO:** \_\_\_\_\_  
(Company Name/Pension Plan Name)

**FROM:** \_\_\_\_\_  
(Pension Members Full Name)

**RE:** Pension Valuation

I hereby authorize and direct you to release any and all information in regards to my pension and employment to **Irvine & Associates** (251 4<sup>th</sup> Avenue, Hanover, Ontario, N4N 2B6, Phone 1-888-364-1938, Fax 1-888-881-1981) and this shall be your good and sufficient authority for so doing.

Dated: \_\_\_\_\_

\_\_\_\_\_ Signature of Pension Member

*This section need only be completed if the contact is not the law office.*

## Client Contact Data

Contact Name: \_\_\_\_\_

Primary Phone contact #: ( ) - Cell  Office  Home

Secondary Phone contact #: ( ) - Cell  Office  Home

Fax Phone #: ( ) - \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

# Valuation Request

The following will normally be sufficient to value a Pension.

Name of Law Firm \_\_\_\_\_

Name of Solicitor \_\_\_\_\_

Name of Alternate Contact \_\_\_\_\_

Name of Pension Member \_\_\_\_\_

Date of Marriage Month / Day / Year \_\_\_\_\_

Date of Separation Month / Day / Year \_\_\_\_\_

Date of Birth of Pension Member Month / Day / Year Male  Female

Date of Hire of Pension Member Month / Day / Year \_\_\_\_\_

Date of Entry in Pension Plan Month / Day / Year Retired at Separation

Name of Spouse \_\_\_\_\_

Date of Birth of Spouse Month / Day / Year Male  Female

Name of Lawyer for other side \_\_\_\_\_

Amount of accumulated employee contributions (required and voluntary) as of some recent date (or attach members most recent benefit summary or letter from the employer)

Earnings History, if pension benefits are earnings related

Copy of Pension Plan text or Employee booklet

Employee Pension Statement, most recent to date of separation

Health Status of Pension Member \_\_\_\_\_

Health Status of Spouse \_\_\_\_\_

Amount of Pension accrued to the date of marriage and separation, if known

Complete the back side of this sheet (Signed Direction/Client Contact Data)

Include any other details of either the pension plan or the members' situation that you feel may affect a fair and balanced valuation of the pension asset.

## Mail or Fax to:

**Irvine & Associates**  
Economic Assessments

Form Date: Kit - Dec-08

brian2009@irvineassoc.on.ca  
www.irvineassoc.on.ca

251 4<sup>th</sup> Avenue ✎ Hanover, ON ✎ N4N 2B6 ✎ Phone (888) 364-1938 ✎ Fax (888) 881-1981