



ESTIMATE FOR CONVERSION CALCULATION
Request Form (Tier I)

Pension Fund Name: _____

Member's Legal Name (include middle initial): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address (Please Print Clearly): _____

Social Security #: XXX-XX-____ Date of Birth: ____/____/____

MARITAL STATUS: ____ Single ____ Married Date of Marriage: ____/____/____

Spouse's Legal Name (include middle initial): _____

Social Security #: ____ - ____ - ____ Date of Birth: ____/____/____

Please send the estimate calculation to the following address:

OR ____ Email Address (Please Print Clearly): _____

OR

____ Street Address Provided Above

By signing below, I certify that the information above is accurate to the best of my knowledge. I understand this is an estimate only and not an application for benefits. My final benefit may differ from this estimate pending my formal application to the Pension Board of Trustees.

Member's Signature: _____ Date: _____

Please return this signed document to our Benefits Team:

- Email to benefits@lauterbachamen.com
Mail to: Lauterbach & Amen, LLP
668 N. River Road
Naperville, IL 60563

For L&A Use Only (Art 4, 20+y; Art 3 DOH prior to 10/1/73):

Members of the Pension Board of Trustees:

To Comply with Department of Insurance Annual Statement filing requirements, please provide the following salary information (i) as of the date of the member's signature above (ii) for the rank the member held on their last day of service:

Table with 2 columns: Description, Amount. Rows include Base Salary, Longevity, Education, Holiday (If Appl.), Other (____), Other (____), Other (____), and New Total.

Pension Fund Trustee Signature: _____ Date: _____

Contact the Benefits Administration Hotline at 866.952.6329 if you have any questions.