



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 #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ Single \_\_\_\_\_ Married Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse's Legal Name (include middle initial): \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dependents: \_\_\_\_\_ Yes \_\_\_\_\_ No

\*\*If you have Dependents please complete the Dependent Information form.

Please send the estimate calculation to the following address:

Email Address (Please Print Clearly): \_\_\_\_\_

OR

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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: \_\_\_\_\_