



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: _____

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

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