



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:

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.