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Initial Transfer Application/Inquiry
Request for Calculation for Potential Transfer of Creditable Service Per P.A. 102-0063 (HB0381)
From Article 3 (Police) to Article 4 (Fire) - Effective as of July 9, 2021

Member's Legal Name (include middle initial): _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone Number: _____ Cell Phone Number: _____
Email Address (Please Print Clearly): _____
Date of Birth: _____/_____/_____ Last 4 digits of Social Security #: _____

PRIOR ARTICLE 3 INFORMATION
Name of Police Pension Fund: _____
Pension Contact: _____ Contact Email: _____
Date of Hire (Entry Date): _____/_____/_____ Last Day Worked: _____/_____/_____

Unpaid Breaks In Service Total Number of Days: _____
List Exact Dates: _____

Total Contributions: $_____ (After-Tax portion of total $_____)
Date of Refund, if applicable: _____/_____/_____
____ I wish to transfer all my creditable service (Maximum of 8 years)
____ I wish to transfer only the following creditable service (Maximum of 8 years):
From: _____/_____/_____ To: _____/_____/_____
Total Service to be Transferred: _____
Contributions withheld during transfer period: $_____
Was member subject to disciplinary action at time of termination of employment with police department? ____ Yes ____ No
Prior Article 3 Trustee's Signature: _____ Date: _____

CURRENT ARTICLE 4 INFORMATION
Name of Firefighters' Pension Fund: _____
Date of Hire (Entry Date): _____/_____/_____
Current Article 4 Trustee's Signature: _____ Date: _____

By signing below, I am requesting that my prior Article 3 Pension Fund provide and/or confirm the information listed above, per 40 ILCS 5/3-110.12(a-5), to determine the cost involved for a potential transfer of creditable service. I understand that this is an initial application only, for the purpose of determining the costs that will be involved should I decide to pursue the transfer. I understand that I am giving consent to the performance of the calculation only and that I am not advising any party of commitment on my part to remit any funds or of my election to or declination to pursue this transfer of creditable service. I certify that the information above is accurate to the best of my knowledge, that I was not terminated from the Article 3 police department due to disciplinary issues, and that I am an active member of the Article 4 Pension Fund identified above. I understand that this application must be received by my Prior Article 3 Pension Fund no later than January 8, 2022 for my eligibility for this transfer to be valid.

Member's Signature: _____ Date: _____

Please email this signed document to benefits@lauterbachamen.com.

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