



Initial Transfer Application/Inquiry

Request for Calculation for Potential Transfer of Creditable Service Per P.A. 095-0530 (Senate Bill 65)

From Article 3 (Police) to Article 14 (SERS)

Effective as of August 28, 2007

I am requesting that my prior Article 3 Police Pension Fund calculate the amount due to the State Employees' Retirement System of Illinois ("SERS") should I elect to transfer my creditable service with the Police Pension Fund, as outlined below, per 40 ILCS 5/3-110.6.

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: \$ _____ Date of Refund, if applicable: ____/____/____

____ I wish to transfer all of my creditable service (Maximum of 5 years)

____ I wish to transfer only the following creditable service (Maximum of 5 years):

From: ____/____/____ To: ____/____/____

Total Service to be Transferred: _____

Contributions withheld during transfer period: \$ _____

By signing below, 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. I certify that the information above is accurate to the best of my knowledge.

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

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