

Lauterbach & Amen, LLP

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CERTIFIED PUBLIC ACCOUNTANTS

ESTIMATE FOR RETIREMENT PENSION BENEFIT Request Form (Tier 2)

Pension Fund Name:	
Member's Legal Name (include middle	initial):
Date of Birth:/	
highest consecutive 48 months of the me months of service, whichever is greater),	mber is the Final Average Salary, defined as the average of the ember's final 60 months of service (or 96 months of the final 120 taking into account the Tier 2 salary cap. This <i>estimate</i> will use on the last 4 Department of Insurance Annual Statements filed
CREDITABLE SERVICE Date of Hire (Entry Date):/ Last Day Worked:/ *Effective Date of Pension:/	Unless specified, 2 estimates will be calculated: one using the member's 50 th birthday (with the statutory reduction) and one using the member's 55 th birthday (no
considerably change your retirement elig UNPAID BREAKS IN SERVICE	Purchases will not be reflected in the estimate, which may gibility and pension benefits. Total Number of Days:
OR	e following address:
	State: Zip:
Home Phone Number:	Cell Phone Number:
	nformation above is accurate to the best of my knowledge. I not an application for benefits. My final benefit may differ from tion to the Pension Board of Trustees.
Member's Signature:	
Please return this signed document to our	

- Email to benefits@lauterbachamen.com
- Mail to: Lauterbach & Amen, LLP 668 N. River Road Naperville, IL 60563