



REQUEST FOR CONVERSION CALCULATION

In order to complete the conversion calculation, please provide the following information:

Pension Fund Name: _____

Pensioner Name: _____

Pensioner Address: _____

Daytime Phone: (____) ____-____ Email: _____

Date of Birth: ____ / ____ / ____ Soc. Sec. #: ____-____-____

MARITAL INFORMATION

Marital Status: Single _____ Married _____ Date of Marriage: ____ / ____ / ____

Spouse Name (If Applicable): _____

Spouse Date of Birth: ____ / ____ / ____ Spouse Soc. Sec. #: ____-____-____

By signing below I certify that the information above is accurate to the best of my knowledge. I understand that Lauterbach & Amen, LLP will prepare a conversion calculation benefit worksheet and present it to me, with a copy of my current disability benefit worksheet, to review. Should I elect to pursue the conversion, I will contact the Lauterbach & Amen Benefits Hotline (866-952-6329) to request an official Application for Conversion to be completed and presented to the Pension Board for approval.

Signature of Pensioner: _____ Date: _____

FOR OFFICE USE ONLY

Table with 3 columns: Action, On, By. Rows include: Received by L&A, Salary requested, if applicable, Conversion calc completed, Conversion calc reviewed, Conversion packet to pensioner, Election Form received from pensioner, Election Form forwarded to Board, if applicable.