

DUTY DISABILITY / OCCUPATIONAL DISEASE PENSION BENEFIT (TIER 1)

Information Request Form - Page 1 of 2

In order to complete the Benefit Calculation Worksheet, please provide the following information:

Pension Fund Name:			
Pensioner Name:			
Home Address: # & Street			
City, State, Zip			
Daytime Phone	() -	Email Address:	
Soc Sec Number:	- -	Date of Birth:	
CREDITABLE SERVICE			
Date of Hire:		Last Day Worked:	
Effective Date of Pension (first day after the Last Day Worked)			
Dates of any unpaid breaks in service unrelated to this disability:			
Type of Benefit: _____ Duty Disability _____ Occupational Disease Disability			
PENSIONABLE SALARY			
	Base Salary		
	Longevity		
	Education*		
	Holiday*		
	Other (list type):*		
	TOTAL:		
Rank held on last day of service:			
MARITAL / DEPENDENT INFORMATION			
Marital Status:	Single _____ Married _____	Date of Marriage: _____	
	Name	Date of Birth	Social Security #
Spouse (if applicable)			Handicapped? Circle Y/N
Dependent *			Y / N
Dependent *			Y / N
Dependent *			Y / N
Dependent *			Y / N
Dependent *			Y / N
<i>* List dependent if under age 18 or legally physically or mentally handicapped</i>			
By signing below, I certify that the information above is accurate to the best of my knowledge:			
Signature of Member to Receive Pension:		Date:	
Signature of Pension Fund Board Trustee:		Date:	

PENSION BENEFIT DIRECT DEPOSIT FORM

Pension Fund Name:			
Pensioner Name:			
Social Security Number:	XXX - XX -	Daytime Phone	()

Please check the status that applies to the information you are providing:

New:	<input type="checkbox"/>	Change:	<input type="checkbox"/>	Cancel this account:	<input type="checkbox"/>
Bank Name:			City & State:		
* ABA / Routing Number (9 digits):			Account Number:		
Account Type:	Checking:	<input type="checkbox"/>	Savings:	<input type="checkbox"/>	<input type="checkbox"/>
Amount of Deposit:	100% / remainder	<input type="checkbox"/>	OR	Flat Amount of:	<input type="checkbox"/>

IF DEPOSITING TO MULTIPLE ACCOUNTS, PLEASE COMPLETE ADDITIONAL BANK INFORMATION BELOW:

Please check the status that applies to the information you are providing:

New:	<input type="checkbox"/>	Change:	<input type="checkbox"/>	Cancel this account:	<input type="checkbox"/>
Bank Name:			City & State:		
* ABA / Routing Number (9 digits):			Account Number:		
Account Type:	Checking:	<input type="checkbox"/>	Savings:	<input type="checkbox"/>	<input type="checkbox"/>
Amount of Deposit:	100% / remainder	<input type="checkbox"/>	OR	Flat Amount of:	<input type="checkbox"/>

IF DEPOSITING TO MULTIPLE ACCOUNTS, PLEASE COMPLETE ADDITIONAL BANK INFORMATION BELOW:

Please check the status that applies to the information you are providing:

New:	<input type="checkbox"/>	Change:	<input type="checkbox"/>	Cancel this account:	<input type="checkbox"/>
Bank Name:			City & State:		
* ABA / Routing Number (9 digits):			Account Number:		
Account Type:	Checking:	<input type="checkbox"/>	Savings:	<input type="checkbox"/>	<input type="checkbox"/>
Amount of Deposit:	100% / remainder	<input type="checkbox"/>	OR	Flat Amount of:	<input type="checkbox"/>

* To verify the Bank ABA Rounting Number, please forward a copy of a voided/blank check with this form.

I hereby authorize Lauterbach & Amen, LLP, as agents of the above-referenced Pension Fund, to deposit my pension benefits directly into the bank account of my choice as specified above. I understand that a pay slip will be provided to me each pay period for my records. *(Should there be a delay in the mail, please understand this slip is simply provided for my records and is independent of the posting of the deposit to my bank account(s).)* I understand this authorization is to remain in force until Lauterbach & Amen has received written authorization from me of its termination or change.

Signature:			Date:	
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FOR OFFICE USE ONLY:

If full cancellation of Direct Deposit is requested, Pension Fund Trustee Approval Required:

Trustee Name			Title:	
Trustee Signature:			Date:	

**NOTICE OF FEDERAL TAX WITHHOLDING ON PENSION PAYMENTS
MONTHLY PENSION BENEFITS BEGINNING JANUARY 1, 2011**

The pension payments you receive are subject to Federal income tax withholding unless you elect not to have withholding apply.

- You may elect to have an amount deducted from your pension in accordance with the IRS withholding tables. This amount is determined by the marital status and number of allowances you indicate on Line 2 below.
- **Under current law, you cannot designate a specific dollar amount to be withheld.** However, you can designate an additional amount to be withheld on Line 3 below.
- You may elect to not have any tax withheld by checking the box on Line 1. *Please note however that if you elect not to have withholding apply to your pension payments, or if you do not have enough Federal income tax withheld from your pension payments, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.*

Please complete the attached form and return it via fax 1-866- 952-2430 or via mail to Lauterbach & Amen, 27W457 Warrenville Rd, Warrenville, IL 60555. If you do not return the election, we are required to withhold Federal income tax from the taxable portion of your pension payments as if you were a married individual claiming three withholding allowances. (This requirement does not apply if your pension is entirely nontaxable or if we have a W4-P already on file.)

Please do not hesitate to call our Payroll Department at 1-866-952-6329 should you have any questions.

ELECTION FOR RECIPIENTS OF PENSION PAYMENTS:

Name (**please print**): _____

Last 4 digits of Social Security Number: XXX-XX- _____ Pension Fund: _____

1. I do not want to have Federal Taxes withheld from my pension.
2. I want Federal Taxes withheld from each monthly pension payment to be figured using the marital status **AND** number of exemptions shown below:

Marital Status: Single _____ Married _____ Married but withhold at higher "Single" rate _____

AND # of Exemptions: _____ **(** If blank, "0" will be assumed! **)**

3. In addition to the amount determined to be withheld from **2** (above), I want the following amount to be withheld from my pension \$ _____.

Signature: _____ Date: _____

Daytime telephone number (_____) _____