



Telephone Conference Request

ATTACHMENT F

Please complete and return this form to the conference host five weeks prior to the meeting date.

Do not return this form to TRS.

Form with fields for: Last name, First name, Middle initial, Maiden name, Social Security number, Street address, City, State, ZIP code, Home telephone, District name and number, School telephone, Teleconference date, First choice, Second choice, and a section for indicating a time and location for the call.

You may request benefit estimates for up to two different retirement scenarios. Please complete the following.

TRS is unable to project reciprocal benefit estimates beyond five years.

Table for benefit estimates with columns for Retirement date(s) and years (2006-07 to 2011-12), and a section for 'Do you have service with another pension system in Illinois?' with checkboxes for No and Yes.

Topics you would like to discuss during your conference:

Four horizontal lines for writing topics to discuss during the conference.

Counselor comments:

Four horizontal lines for writing counselor comments.