

PARK EMPLOYEES' ANNUITY AND BENEFIT FUND OF CHICAGO

(the "Fund")

55 East Monroe Street, Suite 2720

Chicago, Illinois 60603

Tel. # (312) 553-9265

Fax # (312) 553-9114

Office No. _____

MEMBERSHIP RECORD

This form is to be a permanent record, so please see that it is delivered in good condition. Use typewriter if possible. Otherwise, use ink.

Please be careful to answer all questions correctly. Do not guess at dates. Keep in mind that the information in this form will be used to determine your benefits from the Fund and the benefits for your family.

Any changes in status, such as change of address, marriage or remarriage, divorce, birth of children, death of spouse or any other changes, must be reported to the Fund in writing, including the date the change(s) occurred. All such information is kept strictly confidential.

It is suggested that you retain a copy of the Membership Record for your personal files. Please return original to the Fund office.

1. Name in full: _____
(First Name) (Middle Initial) (Last Name)

2. Check Sex:
Male
Female

3. Address: _____
(Street No. / P.O. Box No.) (City) (State) (Zip Code)

4. Social Security Number: _____ 5. Telephone No.: () _____

6. Provide the following information regarding your employment in the Chicago Park District (the "Parks").

a). Date of initial employment: _____ Position _____
(Month) (Day) (Year)

Park or Area at which employment began: _____

b). Place of employment at present time: _____
Present Position: _____ { if unchanged from 6a, write "same" in areas.

7. Have you been employed by any other governmental unit(s) in the State of Illinois or City of Chicago?
Yes No If "YES", please give name of governmental unit(s) and period of employment.

(Governmental Unit(s)) (Period)

PERSONAL INFORMATION:

8. Date of Birth: _____ (Month) (Day) (Year) Place } City _____
of } County _____
Birth } State _____
} Country _____

Note: You must give the correct date of your birth if you wish to receive the proper benefits from this Fund. **DO NOT GUESS AT THE DATE.** Consult the appropriate record which will give you the correct date.

9. Have you a written or printed record showing your date of birth, such as birth certificate, family record, insurance policy, etc.?

Yes No If "YES", please describe (i.e. birth certificate, school record, etc.):

MARITAL STATUS: (This information should reflect status at time of employment if this is the initial membership record).

10. a). At date of employment: MARRIED SINGLE DIVORCED WIDOWED _____

b). Present status: MARRIED SINGLE DIVORCED WIDOWED _____

If a spousal change has occurred, please complete:

If a death or divorce has occurred, please check which applies.

Date: _____ (of death or divorce) Previous Spouse's Full Name _____

11. Full name of present spouse

_____ (Given Name) (Maiden Name if applicable)

12. Birthdate of Present Spouse: _____ (Month) (Day) (Year) Birthplace } City _____
of } County _____
Spouse } State _____
} Country _____

Note: Be sure this date is correct because it will affect the annuity rights of your spouse.

13. Have you a written or printed record showing the date of birth of your spouse, such as birth certificate, family record, insurance policy, etc.?:

Yes No If "YES", please describe.

_____ (Note: Common law marriages are not recognized in the State of Illinois)

14. Date of Marriage: _____ (Month) (Day) (Year) Place } City _____
of } County _____
Marriage } State _____
} Country _____

EMPLOYEE CERTIFICATION

DESIGNATION OF BENEFICIARY: Under the law, an employee has the right to name a beneficiary who is to receive a refund of employee contributions to the Fund and the Single Sum Death Benefit upon the employee's death.

No such designation, however, can be recognized if the employee leaves a surviving spouse.

Any employee who desires to file a designation of beneficiary form to receive a refund of employee contributions and death benefit in the event the employee does not leave a surviving spouse, must request the appropriate form from the Fund.

I HEREBY CERTIFY that the answers to the foregoing questions numbered 1 to 15, inclusive, are true and correct to the best of my knowledge, information and belief.

Witness to Signature

Signature of Employee
(Do Not Print)

Address of Witness

Date

STATUTORY QUALIFICATION

From Illinois Pension Code, Article 12, Section 101 – “...**participation in the Fund by any person entering the service of the Board of Park Commissioners or the Retirement Board** shall be effective only upon completion of 6 months of continuous service, except that **beginning July 1, 1991**, this 6-month qualification period shall not apply to **any person employed in a position requiring service for 6 months or more in a calendar year who would be exempt from monetary participation in the Federal Social Security program by virtue of this participation in the Fund.**”

NOTE: Thus any person employed on a full-time or part-time basis (including seasonal) whose employment will or does exceed 6 months.