

**PARK EMPLOYEES' ANNUITY & BENEFIT FUND of CHICAGO**  
**3500 South Morgan Street, Suite 400 \* Chicago, IL 60609**  
**Tel. # (312) 553-9265 \* Fax # (312) 553-9114**  
**www.chicagoparkpension.org**

The Retirement Board of the Park Employees' Annuity and Benefit Fund in forwarding this form does so solely at the request of the parties asking for it, neither admitting liability of the Fund nor waiving any rights in the premises, and without indicating what action it may take if the form is completed and submitted.

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**APPLICATION FOR SURVIVOR'S ANNUITY**

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Date: \_\_\_\_\_

I HEREBY APPLY for an annuity from the Park Employees' Annuity and Benefit Fund under the provisions of the Act governing said Fund as now in force.

I am entitled to said annuity as the spouse of \_\_\_\_\_  
 (full name of deceased)

Note 1 - This application must be accompanied by a certified copy of the Death Certificate.

Note 2 - A survivor's annuity begins on the first day of the month next following date of the employee's death.

\_\_\_\_\_  
 Signature of Applicant

Address:

Telephone Numbers:	
Home:	Cell:

Social Security #:
E-mail address:

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**SURVIVOR'S AFFIDAVIT**

PROOF OF DEATH OF EMPLOYEE AND WARRANTIES AFFECTING THE GRANTING OF A SURVIVOR'S ANNUITY

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- Name of deceased employee in full: \_\_\_\_\_
- Last legal address of employee: \_\_\_\_\_  
 \_\_\_\_\_
- Where and when was deceased employee born: \_\_\_\_\_
- Is your answer to question 3 derived from a written or printed family or public record?     Yes     No

If so, from what record? \_\_\_\_\_

If not, from whom or how was it derived? \_\_\_\_\_

- Where and when did deceased die? \_\_\_\_\_

(month)	(day)	(year)
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State cause of death. \_\_\_\_\_

Was an inquest held or investigation of death made by any public body? If so, when and where? \_\_\_\_\_  
 \_\_\_\_\_

Was deceased employee receiving an annuity From the Fund, or did death occur while in service? \_\_\_\_\_  
 \_\_\_\_\_

