#### 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.

## **APPLICATION FOR SURVIVOR'S ANNUITY**

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 \_\_\_\_\_

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.

Telepho	Telephone Numbers:			
Home:	Cell:			

(full name of deceased)

Signature of Applicant

Address:

Social Security #: E-mail address:

SURVIVOR'S AFFIDAVIT

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

1.	Name of deceased employee in full:			
2.	Last legal address of employee:			
3.	Where and when was deceased employee born:			
4.	Is your answer to question 3 derived from a written of	or printed family or public record?	Yes 🗌	No
	If so, from what record?			
	If not, from whom or how was it derived?			
5.	Where and when did deceased die?	(month)	(day)	(year)
	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?			
	-			

6.	Where and when you were born?		(month)	(day)	(year)
		(city, county, state or country)			
7.	Is your answer to question 6 derived from a w	ritten or printed family or public record?		Yes	🗋 No
	If so, describe the record.				
8.	Where and when were you married to the deceased?	(city, county, state or country)	(month)	(day)	(year)

# **Minor Children**

9. List all unmarried children of the deceased employee who are under the age 18:

Name of Child	Social Security No.	When Born	Are you the parent of this child?	If adopted, give date of adoption.	Is child living with you?

### O A T H

#### THIS FORM MUST BE NOTARIZED

STATE OF:

COUNTY OF:

Ι

(Please Print) Name of Applicant Address the claimant above named, having been duly sworn do, on my oath, depose and say: That I am the person who made the foregoing answers: that I have carefully read the above questions and answers thereto, and understand the same: that each and every one of such answers is full, complete and true, and no material fact has been concealed or omitted therefrom, and that said answers are made for presentation to the Retirement Board of the Park Employees' Annuity and Benefit Fund in making claim for an annuity that may be payable to me on account of the death of my spouse, under an Act of the State of Illinois entitled: "An Act to provide for the creation, setting apart, formation, administration and disbursement of a Park Employees' Annuity and Benefit Fund," approved June 21, 1919, in force July 1, 1919 as subsequently amended.

of

Signature of Applicant

Subscribed and sworn to before me a Notary Public in and for the State and County above named by the said

\_\_\_\_\_\_ who is to me personally known, on this the \_\_\_\_\_day of

\_\_\_\_\_ year \_\_\_\_\_

Notary Public