

PARK EMPLOYEES' ANNUITY AND BENEFIT FUND OF CHICAGO

3500 S. Morgan St., Suite 400 - Chicago, Illinois 60609

Tel. # (312) 553-9265 - Fax # (312) 553-9114

www.chicagoparkpension.org

APPLICATION for RETIREMENT 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 have or will be withdrawing from the service of the Chicago Park District. I understand that retirement benefits cannot be received until my service has been terminated. *This form must be completed and submitted prior to the proposed termination date. If not, date of receipt will be the date used as date of retirement*

DOCUMENTS NEEDED: • Notice of Retirement Form signed by Human Resources Retirement Date _____ Initials _____

Depending on your marital/civil union status at the time of retirement, please include the following listed documents:

If unmarried

- your birth certificate
- your valid ID or Driver's License

If currently married or party to a civil union

- your birth certificate
- your valid ID or Driver's License
- your spouse's birth certificate
- your marriage certificate

If divorced or widowed

- your birth certificate
- divorce decree or spouse's death certificate

Please note that for all purposes, the term "spouse" shall refer to marriage spouse and civil union spouse and the term "divorce" shall refer to dissolution of a marriage and a civil union. Other legal documents may be needed in order to complete our verification process.

EMPLOYEE'S AFFIDAVIT

Please fill out completely and in accordance with your legal documents.

1. Full name of applicant (please print)				Social Security Number
2. Present legal address				
	Street	City	State	Zip code
3. Telephone Numbers/Email Address	Home:	Mobile	Email	
4. Place and date of birth	(City, County, State or Country)			
		(Month)	(Day)	(Year)
5. Is your answer to question 4 derived from a written or printed family or public record?	<input type="checkbox"/> YES If Yes: Type of record (include proof)			
	<input type="checkbox"/> NO If No: From whom or how was it derived?			
6. List all your living unmarried children under the age of 18 as of the date of retirement.	Name of Child	Date of Birth	Living with you? Yes or No	If adopted child, give date of adoption
7. Have you been a contributor to any other Illinois Public Retirement System?	<input type="checkbox"/> YES <input type="checkbox"/> NO (if no, skip to question # 8)			
If YES, do you plan to combine this service under the Illinois Reciprocal Systems Act?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, please list Systems here: _____				
If YES, is the Park Employees' A/B Fund your final System?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you been employed by any other governmental unit(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Federal <input type="checkbox"/> Military			
(if yes, specify Units)				

THE FOLLOWING QUESTIONS CONCERN YOUR MARITAL OR CIVIL UNION STATUS

8. Exact marital or civil union status at time of retirement.	<input type="checkbox"/> single	<input type="checkbox"/> Married/civil union	<input type="checkbox"/> divorced	<input type="checkbox"/> widowed
9. If you are currently married or a party to a civil union, give full name of present spouse.				How many times was spouse married? _____. (If more than one, a copy of the previous marriage certificate(s) and divorce decree(s) is needed.
Place and date of birth of present spouse.	(City, County, State or Country)	(Month)	(Day)	(Year)
If date of birth is supported by a written or printed public record, please describe such record.				
Where and when were you married or joined in civil union?	(City, County, State or Country)	(Month)	(Day)	(Year)
10. If you are a widow(er) give full name of deceased spouse.				
Where and when were you married or joined in civil union?	(City, County, State or Country)	(Month)	(Day)	(Year)
Where and when did your spouse die? (please include copy of spouse's death certificate).	(City, County, State or Country)	(Month)	(Day)	(Year)
11. If you are not currently married or a party to a civil union, and are divorced, give full name of former spouse.				
Where and when were you married or joined in civil union?	(City, County, State or Country)	(Month)	(Day)	(Year)
When and in what court was the divorce obtained?	(City, County, State or Country)	(Month)	(Day)	(Year)
If former spouse is now alive, give present name and address. If unknown, please state.				
If now dead, state where and when death occurred.	Place of Death (City, County, State or Country)	(Month)	(Day)	(Year)

THIS FORM MUST BE NOTARIZED

O A T H

State of: _____
 County of: _____

I, _____
 (Please print)
 of _____
 (Current Address)

the person above named, having been duly sworn, do, on my oath, depose and say; That I am the person who made the foregoing statements; that I have carefully read the above questions and the 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 there from, 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, 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.

 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
 (stamp)