

PARK EMPLOYEES' ANNUITY AND BENEFIT FUND of CHICAGO

3500 S. Morgan Street, Suite 400 * Chicago, Illinois 60609

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

www.chicagoparkpension.org

Certification in Lieu of Guardianship

Upon completing this certification, payment of benefits due a minor child will be made in accordance with the Illinois Uniform Transfers to Minors Act to any person who is legally qualified and acting as guardian of the minor's person or property, or to the parent or adult with whom the minor is residing.		
Deceased member's name		Office number
Name of minor child	Child's Social Security number	Relationship to deceased
Street address	City, State, ZIP	
Home telephone number	Cell telephone number	
Certification		
As guardian or custodian for the above-named minor child named above, under the Illinois Uniform Transfers to Minors Act, I certify that I will receive monthly benefits from the Park Employees' Annuity & Benefit Fund of Chicago on behalf of the above-named minor child. The benefits will be used to support or held in trust for the benefit of the minor. I agree to notify the Fund when the minor child attains age 18, marries, enters into a civil union, or dies. I further agree to repay any amounts overpaid due to my failure to notify the Fund when any one of these conditions occurs.		
Name of guardian or custodian		
Social Security Number	Relationship to minor child	
Street address	City, State, ZIP	
Home telephone number	Cell telephone number	
Signature of guardian or custodian		Date
Printed name of guardian or custodian		

THIS FORM MUST BE NOTARIZED

ACKNOWLEDGEMENT BEFORE A NOTARY PUBLIC

State of: _____

County of: _____

On this _____ day of _____, year _____, before me personally appeared _____ known to me to be the individual named in and who executed the foregoing instrument, and who, being by me duly sworn, did acknowledge that, he [] she [] executed this Authorization as his [] her [] free voluntary act.

(Notary Stamp)

Notary Public