

**PARK EMPLOYEES' ANNUITY AND BENEFIT FUND of CHICAGO**

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[www.chicagoparkpension.org](http://www.chicagoparkpension.org)

**DESIGNATION OF BENEFICIARY**

Member's First Name	Middle Initial	Last Name	Social Security Number
Address, City, State, Zip			Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married/Civil Union <input type="checkbox"/> Divorced <input type="checkbox"/> Widow

In accordance with Section 12-139 and Section 12-147, of the Illinois Pension Code, 40 ILCS 5/1-101, *et seq.*, in the event of death, any death benefit, refunds, accrued annuity payments, accrued ordinary and duty disability benefits, other accrued benefits, or any monies otherwise due, shall be paid to your surviving spouse. **IF NO SPOUSE SURVIVES**, any death benefit, refunds, accrued annuity payments, accrued ordinary and duty disability benefits, other accrued benefits, or any monies otherwise due, shall be paid according to your last written Designation of Beneficiary filed with the Fund prior to your death. If you do not file a Designation of Beneficiary, any death benefit, refunds, accrued annuity payments, accrued ordinary and duty disability benefits, other accrued benefits, or any monies otherwise due, shall be made to the executor of your estate or, if no estate needs to be opened, to the person filing a small estate affidavit as provided by law.

*Please note that for all purposes the term "spouse" refers to marriage spouse and civil union spouse.*

<b>SPOUSE - By statute, if you are married, your spouse is automatically your first-named beneficiary. (PLEASE PRINT)</b>			
Spouse's Name	Spouse's Date of Birth	Spouse's Social Security Number	Date of Marriage/Civil Union

<b>Primary Beneficiary(ies) – Will receive a death benefit first if no spouse survives (PLEASE PRINT)</b>			
First Name, Last Name, Address	Social Security Number	Relationship to Member	% Share to Each (Must Total 100%)

<b>Second Beneficiary(ies) – Will receive a death benefit only if <u>no</u> Primary Beneficiary or survivor (PLEASE PRINT)</b>			
First Name, Last Name, Address	Social Security Number	Relationship to Member	% Share to Each (Must Total 100%)

\* If a named beneficiary does not survive, his or her share will be distributed among any surviving beneficiaries. Benefits payable to a minor are payable in care of the minor's guardian. If you want someone other than the minor's guardian to receive the benefit, you may name a custodian under the Illinois Uniform Transfers to Minors Act by entering the name of the custodian followed by "as custodian for [name of minor] under Illinois Uniform Transfers to Minors Act."

(OVER)

Member's First Name	Middle Initial	Last Name		Social Security Number
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I FURTHER AGREE that after payment by the Retirement Board of the Park Employee's Annuity and Benefit Fund of Chicago to the beneficiary or beneficiaries named in this authorization and direction, in accordance with the terms and conditions of this authorization, the Retirement Board, its trustees, officers, agents and employees, shall be released and absolved from any further liability in connection with the payment of said monies to any of my heirs, beneficiaries, or other interested persons. The only person who may sign and/or change a Designation of Beneficiary form is the member. A legal representative, including an appointed agent, guardian, conservator, trustee, or designated payee cannot change or sign this form. This form becomes effective when an original signed; notarized copy is received by the Fund office.

**ALL PRIOR DESIGNATIONS of beneficiary which may have been filed by me are hereby revoked.** The Retirement Board is hereby requested to make this designation of beneficiary a part of my membership record with the Fund.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Current Address

**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