



Membership Record No. (office use only): _____

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

Website: www.chicagoparkpension.org

DESIGNATION OF BENEFICIARY

Member's First Name	Middle Initial	Last Name	Last 4 of Social Security Number
Address, City, State, Zip			Phone Number:
Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married/Civil Union <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)			Email:

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.

SPOUSE - By statute, if you are married, your spouse is automatically your first-named beneficiary.			
Spouse's Name	Date of Birth	Last 4 of Social Security	Date of Marriage/Civil Union

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

Contingent Beneficiary(ies) – Will receive a death benefit only if <u>no</u> Primary Beneficiary or survivor (PLEASE PRINT)			
First Name, Last Name, Address	Phone Number/Email	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."

Be Advised that under Illinois law (P.A. 97-0651) PEABF is required to report to the State's Attorney for investigation any reasonable suspicion of any falsified statement or record or any fraudulent claim involving PEABF. Under State law, a person convicted of fraud may be subject to a fine of not more than \$25, 000 or imprisonment for not more than five (5) years or both.



Membership Record No. (office use only): _____

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

Website: www.chicagoparkpension.org

ACKNOWLEDGEMENT BEFORE A NOTARY PUBLIC

Member's First Name	Middle Initial	Last Name	Last 4 of Social Security Number

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.

NOTARY CERTIFICATION – MUST BE SIGNED IN FRONT OF NOTARY PUBLIC

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.

Member's Signature

Date

State of: _____

County of: _____

On this _____ day of _____, _____, 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, they executed this Authorization as their free voluntary act.

Notary Public

(Notary Stamp)