PARK EMPLOYEES' ANNUITY AND BENEFIT FUND
55 East Monroe Street, Suite 2720
Chicago, Illinois 60603
Tel. # (312) 553-9265 *** Fax # (312) 553-9114
www.chicagoparkpension.org

Date: _____

This is your refund packet which consists of three (3) pages. Read and review inputted information:

> Page 1   Information
>
> Page 2   Application - **Read**, fill in all areas above bold line.
>
> Page 3   Certification – Complete shaded areas only.

Upon completion of forms, return entire packet to the Fund in the attached envelope. Page 3 (Certificate of Resignation) will be forwarded to the Chicago Park District for their certification of separation from service. After processing your final payroll posting, you will be sent an 'INCOME TAX WITHHOLDING ELECTION" that must be completed and signed before a refund is issued.

NOTE: Your refund cannot be processed until we receive your papers from the CHICAGO PARK DISTRICT.

☐ Your refund is UNDER $5,000.00 and a check will be used and mailed upon completion of the aforementioned forms.

☐ Your refund is OVER $5,000.00 and must be approved at a regularly scheduled Board Meeting. A refund OVER $5,000.00 cannot be presented at the regular Board Meeting until the month following the month in which you are terminated or resigned. You will receive a letter stating when your refund will be issued and additional information concerning the refund. Please note that all paperwork must be completed and in our office by 2nd Monday of each month, for the refund to be processed for that meeting.

NAME: _____

SOCIAL SEC. #: _____

FILE #: _____

AS OF: _____ AMOUNT: $ _____

APPLICATION FOR REFUND OF EMPLOYEE CONTRIBUTIONS

<table>
<tr><td>

Submitted to:
Retirement Board of the
PARK EMPLOYEES' ANNUITY AND BENEFIT FUND
55 East Monroe Street, Suite 2720
Chicago, Illinois 60603

</td><td>

_____
Date

_____
Name (please print)

_____
Social Security Number

</td></tr>
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Gentlemen:

I hereby apply for a refund of deductions made from my salary in accordance with the provisions of the Illinois Pension Code, Chapter 40, Act 5, Article 12 in the Illinois Compiled Statutes.

In making this application, I declare that I am entitled to such refund under said Code on account of the fact that I have withdrawn from the service of the Chicago Park District under the conditions set forth in Section 12-147 thereof.

I further declare that I am not now employed by the Chicago Park District in any capacity.

In consideration of the amount payable to me under the Code as a refund, the receipt of which is hereby acknowledged, I do hereby waive for myself and for anyone who may have or claim to have through me any interest in the said PARK EMPLOYEES' ANNUITY AND BENEFIT FUND, under the aforementioned Code, all claims on said Fund because of service rendered by me prior to this date as an employee of the CHICAGO PARK DISTRICT and any predecessor park district thereof, as provided in said Code, and as specifically set forth in the following provision of Section 12-147:

> *"Any employee who received a refund shall forfeit all rights to annuity for himself/herself and for anyone who may have any right to annuity through him/her, and credit for service rendered by him/her before refund was made. If he/she reenters service, his/her status shall be that of an employee who enters service for the first time, but he/she may regain the credits so forfeited by fulfilling the requirements specified elsewhere in this article."*

I hereby represent that I have no other claims against the Park Employees' Annuity and Benefit Fund except as herein stated and the acceptance by me of said refund shall operate as a release of any claims which I may have against said Park Employees' Annuity and Benefit Fund of all kinds and character whatsoever.

I further declare that I have read and understand this application and am signing same of my own free will and accord.

_____
Witness to Signature (Friend or Relative)

_____
Signature of Applicant

_____
Address of Witness

_____
Address

RESERVED FOR RETIREMENT BOARD

Refund paid on: _____   Appt./Amount $ _____   CK # _____   Folio _____
                                 W/H Tax   _____

                                 TOTAL $ _____

Certified and
Approved: _____   Approved: _____
          Pension Officer   Secretary of Retirement Board

CERTIFICATE OF RESIGNATION, DISCHARGE OR DISMISSAL
(forming a part of an application for refund)

Date: _____

Retirement Board of the
Park Employees' Annuity
and Benefit Fund of Chicago

Gentlemen:

WE HEREBY CERTIFY that the person whose signature appears below on the line reserved for "signature of employee formerly in service," is no longer in service by reason of (indicate reasons applicable by placing (X) in spaces below:

❏ Resignation from the position of _____ effective _____ 201_
❏ Discharge on probation from the position of _____ effective _____ 201_
❏ Temporary appointment terminated from the position of _____ effective _____ 201_
❏ Discharge as a temporary appointee from the position of _____ effective _____ 201_
❏ Termination by reason of lay-off from the position of _____ effective _____ 201_
❏ _____ from the position of _____ effective _____ 201_

WE FURTHER CERTIFY that said person is NOT NOW EMPLOYED BY THE CHICAGO PARK DISTRICT IN ANY CAPACITY.

The amounts earned by said person and the amounts deducted on account of the PARK EMPLOYEES' ANNUITY AND BENEFIT FUND since the payroll period ended on _____, 20__ being the last payroll period for which a "Statement of Salary Deductions" was submitted to your Board.

_____
Signature of Employee Formerly in Service

<u>Records Noted:</u>

CHICAGO PARK DISTRICT

Address: _____

By: _____

City/State _____ Zip _____

Tel. #: _____

COUNTERSIGNED

Date of birth _____ Title _____

By: _____

RESERVED FOR RETIREMENT BOARD

Refund paid on: _____ Appt./Amount $ _____   CK # _____   Folio _____

W/H Tax _____

TOTAL $ _____