

PARK EMPLOYEES' ANNUITY AND BENEFIT FUND of CHICAGO

55 East Monroe Street, Suite 2720 - Chicago, Illinois 60603

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

www.chicagoparkpension.org

APPLICATION for RETIREMENT ANNUITY

The Retirement Board of the Park Employees' Annuity and Benefit Fund in forwarding this blank form does so solely at the request of an eligible member. **This form must be completed and submitted prior to the proposed retirement date.** If not, date of receipt will be the date used as date of retirement.

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.

_____ Retirement Date _____ Initials

DOCUMENTS NEEDED

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

If unmarried

- your birth certificate

If currently married or party to a civil union

- your birth certificate
- 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 3 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

THE FOLLOWING QUESTIONS CONCERN YOUR MARITAL OR CIVIL UNION STATUS

7. 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
8. If you are currently married or a party to a civil union, give full name of present spouse.				How many times was spouse married? <small>(If more than one, a copy of the previous marriage certificate(s) and divorce decree(s) is needed.</small>
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)
9. 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)
10. 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 align="center">(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.

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)

 Signature of Applicant