

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

The Retirement Board of the Park Employees' Annuity and Benefit Fund in forwarding this form does so solely at the request of the parties asking for it, neither admitting liability of the Fund nor waiving any rights in the premises, and without indicating what action it may take if the form is completed and submitted.

APPLICATION FOR SURVIVOR'S ANNUITY

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 am entitled to said annuity as the spouse of _____
 (full name of deceased)

Note 1 - This application must be accompanied by a certified copy of the Death Certificate.

Note 2 - A survivor's annuity begins on the first day of the month next following date of the employee's death.

 Signature of Applicant

Address:

Telephone Numbers:	
Home:	Cell:

Social Security #:
E-mail address:

SURVIVOR'S AFFIDAVIT

PROOF OF DEATH OF EMPLOYEE AND WARRANTIES AFFECTING THE GRANTING OF A SURVIVOR'S ANNUITY

1. Name of deceased employee in full: _____

2. Last legal address of employee: _____

3. Where and when was deceased employee born: _____

4. Is your answer to question 2 derived from a written or printed family or public record? Yes No

If so, from what record? _____

If not, from whom or how was it derived? _____

5. Where and when did deceased die? _____

(month)	(day)	(year)

State cause of death. _____

Was an inquest held or investigation of death made by any public body? If so, when and where? _____

Was deceased employee receiving an annuity From the Fund, or did death occur while in service? _____

6. Where and when you were born?

(month)	(day)	(year)

(city, county, state or country)

7. Is your answer to question 6 derived from a written or printed family or public record?

Yes No

If so, describe the record.

8. Where and when were you married to the deceased?

(month)	(day)	(year)

(city, county, state or country)

Minor Children

9. List all unmarried children of the deceased employee who are under the age 18:

Name of Child	Social Security No.	When Born	Are you the parent of this child?	If adopted, give date of adoption.	Is child living with you?

O A T H

THIS FORM MUST BE NOTARIZED

STATE OF: _____

COUNTY OF: _____

I _____ of _____
(Please Print) Name of Applicant Address

the claimant above named, having been duly sworn do, on my oath, depose and say: That I am the person who made the foregoing answers: that I have carefully read the above questions and 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 therefrom, 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 on account of the death of my spouse, 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.

Signature of Applicant

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

(notary stamp)