



PLEASE COMPLETE AND RETURN TO:

MUNICIPAL EMPLOYEES' ANNUITY AND BENEFIT FUND OF CHICAGO

321 N. Clark Street - Room 700

Chicago, Illinois 60654

Phone: (312) 236-4700

MEMBERSHIP RECORD

INSTRUCTIONS:

Each member or applicant for membership is required to complete this form. The form must be completed in ink. This is a permanent record and must be delivered in good condition.

You should notify the FUND promptly of any change in your beneficiary.

Please Print

- Male
Female

1. Name in full
2. Address
3. Title of your present position
4. Department
5. Give date when you FIRST entered the service of the City or Board of Education
6. Social Security Number
7. Date of birth

NOTE: You must give the correct date of your birth if you wish to receive proper benefits from this Fund. If in doubt, consult records. Please enclose a copy of your birth certificate.

8. Where were you born?
9. Give name of parents (Living or Deceased):
Father's Name
Mother's (Maiden) Name

**MARITAL STATUS**

10. Current marital status (please check current status):

Single              Married              Civil Union              Divorced              Widowed

**CURRENT MARRIAGE:**

**If you are legally married or in a Civil Union (including legally separated from your spouse), you must complete questions 11 thru 14.**

11. Full name of spouse \_\_\_\_\_  
                                     First Name                                      (Maiden Name)                                      Last Name

12. Social Security Number of spouse \_\_\_\_\_

13. Spouse's date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
                                     Month              Day              Year                                      City                                      State

14. Date of marriage \_\_\_\_\_ Place of marriage \_\_\_\_\_  
                                     Month              Day              Year                                      City                                      State

**PREVIOUS MARRIAGES:**

15. How many times have you been married? \_\_\_\_\_ For each of your previous legal marriages, please complete all of the following:

FULL NAME OF SPOUSE (INCLUDE MAIDEN NAME)	MARRIAGE		DIVORCE		DEATH	
	DATE m/d/y	LOCATION (City, State)	DATE m/d/y	LOCATION (City, State)	DATE m/d/y	LOCATION (City, State)

**CHILDREN**

16. Have you any children of your blood?    Yes \_\_\_\_\_    No \_\_\_\_\_

17. If your answer to Question 16 is "YES", give names and dates of birth of all children of your blood.

Name	Social Security Number	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. Have you any legally adopted children: Yes\_\_\_\_\_ No\_\_\_\_\_

19. If your answer to Question 18 is "YES", give names, dates of birth, and date and Court where adoption occurred.

\_\_\_\_\_  
\_\_\_\_\_

**SERVICE PRIOR TO MEMBERSHIP**

20. I was employed by the City of Chicago or Board of Education of the City of Chicago as follows:

FROM	TO	TITLE	DEPARTMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

You have the right, in most cases, to elect to pay for this past service and receive credit for annuity purposes.

21. Do you have credits in any of the following retirement systems that may be considered under the Illinois Retirement Systems Reciprocal Act? (Yes or No) \_\_\_\_\_ If answer is "YES", indicate which system or systems.

- Chicago Teachers' Pension Fund
- County Employees' Annuity & Benefit Fund
- Forest Preserve District E. A. & Benefit Fund
- General Assembly Retirement System
- Illinois Municipal Retirement Fund
- Judges Retirement System
- Laborers' Annuity & Benefit Fund
- Metropolitan Water Reclamation Fund
- Park Employees' Annuity & Benefit Fund
- State Employees' Retirement System
- State Teachers' Retirement System
- State Universities Retirement System

\_\_\_\_\_

22. Give telephone number at which you can be reached if it should be necessary to communicate with you:

Work ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

I hereby certify that the answers to the foregoing questions are true and correct to the best of my knowledge, information and belief. Furthermore, if an application in writing is required to enable me to participate in the Fund this constitutes my application for membership. **NOTE: I UNDERSTAND THAT I CANNOT WITHDRAW FROM THE FUND UNLESS I BECOME SEPARATED FROM THE SERVICE FOR NOT LESS THAN 30 DAYS.**

Date \_\_\_\_\_ (Sign here) \_\_\_\_\_  
Name in Full

*Be advised that under Illinois law (P.A. 97-0651) MEABF 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 the MEABF. 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.*

**BENEFICIARY DESIGNATION**

A member can, SUBJECT TO PRIOR RIGHT OF SPOUSE OR MINOR CHILDREN TO ANNUITY, designate a beneficiary to receive any amount which may become refundable in the event of death.

Unless a member designates a beneficiary to receive any amount refundable upon date of death the law provides that such refund shall be paid as follows:

- 1. To your children in equal parts to each.
- 2. To the executor or administrator of your estate.
- 3. To your heirs.

Members who wish to name a beneficiary should complete the form below.

**INSTRUCTIONS:**

- You may designate one person or as many persons as you wish.
- Two or more persons will receive equal shares.
- This form **MUST BE NOTARIZED** to be valid.
- The most recent beneficiary form filed with the Fund Office will take precedence over all other forms on file.

**(MUST BE NOTARIZED)**

**DESIGNATION OF BENEFICIARY FOR REFUND**

In accordance with the provisions of the Act governing this Fund, Article 8, Section 8-170, I hereby designate the following named person(s) as my beneficiary of any amount which may become refundable upon my death to be paid in equal shares to each:

Name	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Signature of Member

ALL PRIOR BENEFICIARY DESIGNATIONS THAT I HAVE MADE ARE HEREBY REVOKED.

STATE OF ILLINOIS } SS.  
COUNTY OF

Subscribed and sworn to before me, a Notary Public in and for the County and State aforesaid, by the above

\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public