

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.

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

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

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(ies) 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.
- The 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 (ies) 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