

**Municipal Employees' Annuity and Benefit Fund of Chicago**  
*A Pension Trust Fund of the City of Chicago*  
 321 North Clark Street, Suite 700, Chicago, Illinois 60654  
 Telephone: 312-236-4700 Fax: 312-527-0192  
 www.meabf.org

**QILDRO- REFUND APPLICATION FOR ALTERNATE PAYEE**

Under the provisions of Chapter 40, Act 5, Article 1, 8 of the Illinois Compiled Statutes

**SECTION 1 – MEMBER INFORMATION** (Please Print or Type)

NAME (FIRST, MI, LAST)	SOCIAL SECURITY NUMBER
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**SECTION 2 – ALTERNATE PAYEE INFORMATION**

NAME (FIRST, MI, LAST)	SOCIAL SECURITY NUMBER
ADDRESS	
CITY, STATE, ZIP	PHONE NUMBER (     )
RELATIONSHIP TO MEMBER <input type="checkbox"/> CURRENT SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> FORMER SPOUSE <input type="checkbox"/> OTHER _____	

EMERGENCY CONTACT INFORMATION:

**SECTION 3 – DIRECT ROLLOVER ELECTION (Check only one)**

Interest included in refunds together with annuity contributions previously not included in salary for tax purposes is subject to Federal Income Tax. Federal Legislation provides that the Fund must withhold Federal Income Tax on the taxable portion of your refund at the rate of 20% unless you elect to directly rollover the taxable portion of your refund to an IRA or qualified retirement plan.

<input type="checkbox"/> I DO NOT WANT A DIRECT ROLLOVER. The entire amount of the refund (less the required 20% withholding amount) should be paid to me. <b>(Go To Section 5)</b>
<input type="checkbox"/> Rollover the entire amount including taxable and previously taxed contributions and make payable to the IRA, 401k or eligible retirement plan as named below.
<input type="checkbox"/> Rollover all of the taxable contributions. Any previously taxed contribution should be paid to me. The taxable amount will be rolled over to the IRA, 401k, or eligible retirement plan as named below.
<input type="checkbox"/> Partial rollover _____% of refund OR \$_____. The balance of my refund (less any required Federal Income Tax withholding) should be paid to me. The percentage or dollar amount indicated will be rolled over to the IRA, 401k, or eligible retirement plan as named below.

**SECTION 4 – ACCOUNT INFORMATION (Required for Direct Rollover only)**

Your Direct Rollover will be accomplished by issuing a check made payable to the order of the trustee (for your benefit) of the IRA or qualified plan which you designate to accept the rollover. The check, however, will be mailed to you. It is your responsibility to deliver the rollover check to the trustee or financial institution.

\_\_\_\_\_  
 Name of Financial Organization Check Is to Be Made Payable to

**SECTION 5 –CERTIFICATION (This document MUST be notarized before returning the form)**

In making application for benefits, I do hereby certify that I am the alternate payee named in a QILDRO for the employee named above and the answers given to the above questions are correct to the best of my knowledge and belief.

ALTERNATE PAYEE SIGNATURE X \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

State of \_\_\_\_\_

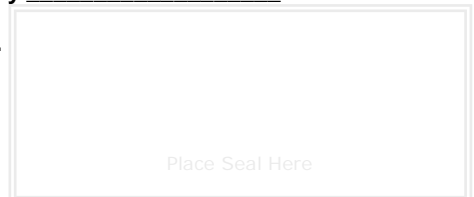
County of \_\_\_\_\_

Signed and sworn to before me, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

whose identity I ascertained on the basis of \_\_\_\_\_.

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

My commission expires \_\_\_\_\_



As a reminder, make sure to enclose the following documents with your original application. Do not fax.

\* Copy of Driver's License (front and back) or state I.D. \* Copy of Social Security Card.

**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.**