



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

REVERSIONARY ANNUITY

Fund members may elect to reduce their monthly annuity to provide a Reversionary Annuity upon their death for a spouse, child, brother, sister, or parent. Election must be made prior to the start of annuity payments.

After retirement, the amount you specified would be deducted from your annuity checks until your death, or until the death of the designated person, whichever occurs first. Upon your death, the designated person would receive a monthly annuity for life.

How much the designated person would receive depends on the amount of reduction in annuity the employee has chosen and also the ages of the employee and the designated person at the time of the employee's retirement.

If you are interested in knowing more about the Reversionary Annuity and what it can mean in your family's financial future, please contact the Fund. Our counselors will answer your questions and apprise you of the amount of benefits you and your family will receive from the Fund.

Please check one:

- I elect to reduce my annuity to provide a Reversionary Annuity.
(You must complete the Designation of Reversionary Annuitant Form)
- I do not elect the Reversionary Annuity option.

Signature

Date

Print Name

Date

YOU MUST RETURN THIS FORM WITH YOUR APPLICATION EVEN IF YOU DO NOT ELECT THE REVERSIONARY ANNUITY

DESIGNATION OF REVERSIONARY ANNUITANT

To the Retirement Board
Municipal Employees' Annuity
and Benefit Fund of Chicago

Gentlemen:

Pursuant to the provisions of Section 139 of the Act which creates the Municipal Employees' Annuity and Benefit Fund of Chicago, I hereby elect to reduce the monthly annuity due upon my retirement from the service by \$_____ per month (not to exceed the maximum allowable on the date of retirement), and direct that with the actuarial value of said amount a reversionary annuity, to begin upon my death, be provided for _____, my _____, whose date of birth is _____ **(BIRTH CERTIFICATE REQUIRED)**

If the above named dies while I am on pension, the reduced annuity being paid to me shall be increased to the amount before reduction for the reversionary annuity.

I understand that if I should die before I have retired on annuity, the reversionary annuitant named will not be entitled to the reversionary annuity hereby designated.

I also understand that if I have designated a parent, child, brother or sister as the reversionary annuitant that no reversionary annuity shall be paid if I should not live for a period of 365 days from the date of this designation.

Witness my hand and seal this _____ day of _____ 20_____.

Signed _____

Print Name _____

Address _____

City, State, Zip Code _____

Social Security # XXX - XX - _____

State of _____

County of _____

On this _____ day of _____, _____, _____ personally appeared before me, whose identity I ascertained on the basis of _____.

Notary Public _____

My commission expires _____