



Municipal Employees' Annuity and
Benefit Fund of Chicago
321 North Clark Street, Suite 700, Chicago, Illinois 60654
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www.meabf.org

MEABF POWER OF ATTORNEY
WARNING TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document. It creates a Durable Power of Attorney for Municipal Employees' Annuity & Benefit Fund (MEABF). Before executing this document, you may want to consult an attorney and know these important facts **Note:**This document may provide the person you designate as your attorney in fact with broad powers with respect to your MEABF benefit payments. These powers will exist for an indefinite period of time unless you limit their duration in this document. These powers will continue to exist notwithstanding your subsequent disability or incapacity. You have the right to revoke or terminate this power of attorney. If at the time you elect to sign a power of attorney and you reside outside the state of Illinois the power of attorney must comply with the law of the state of your residence.

I, _____, of _____,
(Name of Member) *(Street Address)*

City of _____ Zip _____, State of _____, Social Security Number _____,

Hereby appoint _____, of _____,
(Power Attorney Name) *(Street Address)*

City of _____ Zip _____, State of _____, Social Security Number _____,

My true and lawful attorney in fact, for me and in my name, place and stead, and for my use and benefit, to transact all matters relating to the MEABF including, but not limited to, filing applications, making benefit elections, and designating my attorney in fact. I further give and grant, unto my said attorney in fact, full power and authority to do and perform every act necessary and proper to be done in the exercise of any of the foregoing powers as fully as I might or could do if personally present with respect to MEABF, hereby ratifying and confirming all that my said attorney in fact shall lawfully do or cause to be done by virtue hereof.

This power of attorney shall go into effect immediately and shall remain in effect indefinitely notwithstanding my incapacity, unless designated to expire on this date _____ My attorney in fact is hereby instructed to notify MEABF in writing of my death immediately upon its occurrence.

(Member Signature)

(Power of Attorney Signature)

ACKNOWLEDGEMENT

State of _____) ss.

County of _____)

On this _____ day of _____, 20____ before me, a Notary Public, personally appeared

(Member Name) _____
(Power of Attorney Name) personally known to me (or proved to me on the basis of

satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

(Signature of Notary Public)

WITNESS my hand and official seal.