

**UNDERSTANDING AND AGREEMENT**  
**With the Municipal Employees' Annuity & Benefit Fund of Chicago**  
**For Direct Deposit of Payments Under a Qualified Illinois Domestic Relations**  
**Order (QILDRO)**

Your completion of the Direct Deposit Authorization form on the reverse side and your agreement below will allow the Municipal Employees' Annuity & Benefit Fund of Chicago (Fund) to deposit your alternate payment directly into your bank account based on the following conditions and understandings.

**Acknowledgment/Authorization of QILDRO Payment Recipient** – I am an alternate payment recipient under a QILDRO order on your member \_\_\_\_\_'s retirement account. I understand and acknowledge that QILDRO payments may be deposited only to my personal bank account, which I solely own with no other joint-account holder on the account.

I understand and acknowledge that any payments made after the death of your member, \_\_\_\_\_, are payments that I am not entitled to and must be returned to the Fund. I hereby authorize the financial institution named on the reverse side to return to the Fund any money deposited into the account to which I am subsequently determined not to be entitled.

**Cancellation of Direct Deposit** – I understand that this authorization and agreement remains in effect until cancelled by the undersigned by notice to the Fund or by the death of the member named above or by the death of the QILDRO payment recipient. Notification to the Fund of cancellation of this agreement/authorization must be made in such time and in such a manner as to allow the Fund a reasonable opportunity to act on it. Upon cancellation by the QILDRO payment recipient, he or she has the responsibility to notify the receiving financial institution that he/she is doing so.

**Change of Address-** I understand and acknowledge that I must immediately inform the Fund of any change in my mailing address. I understand that the Fund has other mandatory forms or confidential information the Fund is required to mail to a QILDRO payment recipient such as annual federal tax information and Annual Verification Form for Recipients. The payment could be stopped temporarily if the Fund office cannot locate the recipient resulting from untimely notice of a change of address.

I, the undersigned, certify that the information provided on this form is correct and complete. I understand and acknowledge by my signature below that I agree to the obligations stated herein associated with the Direct Deposit Authorization granted by this document.

QILDRO Payment Recipient/  
Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

***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.***

MAIL COMPLETED FORM WITH THE  
MEABF DIRECT DEPOSIT AUTHORIZATION FORM  
321 N. Clark Street, Suite 700  
Chicago, Illinois 60654

-OR-

FAX TO  
**(312) 527-0192**



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

## DIRECT DEPOSIT AUTHORIZATION UNDER A QUALIFIED ILLINOIS DOMESTIC RELATIONS ORDER (QILDRO)

### SECTION 1 – APPLICANT INFORMATION

Name (First, MI, Last)	Social Security Number	Phone Number
Address	City, State, Zip	Email
<p>PLEASE SELECT <b>ONE</b> OF THE FOLLOWING</p> <p style="padding-left: 20px;">I HAVE ATTACHED A <b>VOIDED CHECK</b> WITH MY NAME PRINTED IN LEFT-HAND CORNER FOR ACCOUNT INFORMATION AND VERIFICATION.</p> <p style="padding-left: 20px;">I HAVE ATTACHED A <b>LETTER ON MY BANK'S LETTERHEAD STATING THE ACCOUNT NUMBER AND ROUTING NUMBER, SIGNED BY A BANK OFFICER</b> FOR ACCOUNT INFORMATION AND VERIFICATION.</p>		
<p>I HAVE READ THE AGREEMENT AND ACCEPT THE TERMS. I HEREBY AUTHORIZE MEABF TO DIRECT MY QILDRO PAYMENT(S) VIA ELECTRONIC FUNDS TRANSFER.</p>		
SIGNATURE <b>X</b> _____		DATE <b>X</b> _____

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