



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 - MONTHLY BENEFIT APPLICATION FOR ALTERNATE PAYEE

Under the provisions of Chapter 40, Act 5, Article 1, 8, 20 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 – FEDERAL TAX WITHHOLDING ELECTION (Please complete only one of the following)

1) <input type="checkbox"/> I do not want Federal Income Tax withheld from my payment.
2) <input type="checkbox"/> I want to have Federal Income Tax withheld from my payment based on the elections I have indicated below: <input type="checkbox"/> Single <input type="checkbox"/> Married With # of Exemptions _____ (If you do not indicate # of Exemptions, we will process with 1 Exemption) Additional amount, if any, I want withheld from each payment \$ _____.
3) <input type="checkbox"/> I want the following EXACT amount of Federal Income Tax withheld each month from my payment \$ _____.

SECTION 4 – 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. I understand that I am not entitled to receive any benefits under the QILDRO after the death of the employee and any payments made after the employee's death will be returned to the Fund.

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 _____

Place Seal Here

As a reminder, make sure to enclose the following documents with your application
* Copy of Driver's License (front and back) or state I.D. * Copy of Social Security Card.

ORIGINAL DOCUMENT REQUIRED. DO NOT FAX

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.