

IMMEDIATE ACTION REQUIRED – RETURN BY October 01, 2019

QA

To avoid having a delayed payment, please mail completed and notarized form to:
MEABF, 321 N. Clark Street Suite 700, Chicago, IL 60654. DO NOT FAX the form.
If you have any questions, please call 312-236-4700 press 2 or ask for Annuitant Services.

NAME _____

ADDRESS _____

If you have a change of address
please write it on the lines above.

**Municipal Employees' Annuity and Benefit Fund of Chicago
AFFIDAVIT - Continuing Benefit Eligibility**

This affidavit is executed under penalty of perjury of the laws of the United States and State of Illinois.

1. I, **NAME**, am the alternate payee of **MEMBER NAME**, an employee annuitant of the Municipal Employees' Annuity & Benefit Fund of Chicago (MEABF).
2. I am alive and receiving a benefit from MEABF under a Qualified Illinois Domestic Relations Order (QILDRO).
3. I state to the best of my knowledge that my former spouse is:
 - Alive
 - Deceased
 - Unknown
4. I understand that the benefit under QILDRO will cease upon my death or the death of my former spouse.
5. My contact information: My Phone #: _____ Email address (optional): _____
Emergency contact: _____
Relationship to you: _____ Contact person's phone #: _____

Signature and Notary

I certify, under penalty of perjury, that the information provided hereon is true and correct to the best of my knowledge. I understand that any person who willingly makes any false statement, or falsifies, or permits to be falsified, any record in an attempt to defraud MEABF is guilty of a Class 3 felony. A "statement" or "record" includes, but is not limited to, this Affidavit.

Signature of Alternate Payee _____ **Date:** _____

State of _____, County of _____

Signed or attested before me on _____/_____/_____

I certify under the penalty of perjury that this is true and correct.

Notary's Printed Name: _____ Commission expires: _____

(Notary Seal)

Notary's Signature: _____