

IMMEDIATE ACTION REQUIRED – RETURN BY August 01, 2019

WA

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. NAME is alive and receiving a benefit from MEABF.
2. If your MEABF benefit is being directly deposited to a bank account, is there a joint holder of this account other than you?
 - Yes. If yes, provide joint account owner information:
 Name of other joint account-holder: _____ Phone: _____
 Address of joint-account holder: _____
 - No. I am the only owner of the account.
 - I receive a physical check.
3. My contact information: My Phone #: _____ My Email (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 Member _____ 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: _____