



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

Information and Instructions for Designation of Beneficiary Form

Please read the following information before completing the Designation of Beneficiary Form.

A member can, **SUBJECT TO PRIOR RIGHT OF ELIGIBLE SPOUSE AND/OR ELIGIBLE MINOR CHILDREN TO ANNUITY**, designate a beneficiary to receive any amount which may become refundable in the event of the member's death. If an eligible spouse or eligible minor children survive you, they will receive monthly survivor benefits regardless of your designation. Your designated beneficiaries would only receive a refund of monies if any monies remain after the payment of annuity to the eligible surviving spouse and children.

Marital status and your designation of beneficiary

If you are married, your eligible spouse is automatically your Primary Beneficiary.

If an unmarried member does not designate a beneficiary to receive any amount refundable upon date of death, the law governing the Fund provides that such refund shall be payable in the following order:

1. To your children in equal parts to each.
2. If there are no children, refund will be paid to the administrator or executor of your estate.
3. If an administrator or executor has not been appointed, refund will be paid to your heirs.

Contingent Beneficiary

A Contingent Beneficiary will receive a refund only if no Primary Beneficiary survives.

Instructions for completing the Designation of Beneficiary form

Please print or type all of the information requested. You can name any person, trust, or organization. It is important that you state your relationship to the beneficiaries that you designate. If you name a trust, you must provide the name of the trust, the date of the trust and the address where the trust is filed. Only the member can designate a beneficiary. If someone other than the member submits a designation form, including an agent under a power of attorney, it will not be accepted.

You must sign, date, and have this form notarized for it to be valid.
If your form is not notarized, it will be rejected and returned to you.



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FORM 101

DESIGNATION OF BENEFICIARY

SECTION 1 - MEMBER'S INFORMATION - PLEASE PRINT OR TYPE USING BLACK INK

NAME (FIRST, MI, LAST)	SOCIAL SECURITY NUMBER XXX - XX -
ADDRESS	
CITY, STATE, ZIP CODE	PHONE NUMBER ()

SECTION 2 - MARITAL STATUS & SPOUSE INFORMATION

CURRENT MARITAL STATUS : Never Married Married Civil Union Divorced Widow(er)

IF MARRIED	CURRENT SPOUSE'S NAME (FIRST, MI, LAST)		
or ➔			
CIVIL UNION	DATE OF MARRIAGE/CIVIL UNION (MM / DD / YYYY)	SPOUSE'S SOCIAL SECURITY NUMBER XXX - XX -	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION 3 - PRIMARY BENEFICIARY INFORMATION:

In accordance with the provisions of the Act governing this Fund, Article 8, Section 8-170, I hereby designate the following named person(s) as my beneficiary (ies) of any amount which may become refundable upon my death, to be paid in equal shares to each:

Name (First, Middle, Last)	Relationship	Address, City, State, Zip Code

SECTION 4 - CONTINGENT BENEFICIARY INFORMATION:

If none of the preceding beneficiaries survive me, then I designate the following person(s) as contingent Beneficiary (ies), with the refund to be paid in equal parts to each:

Name (First, Middle, Last)	Relationship	Address, City, State, Zip Code

ALL PRIOR DESIGNATIONS THAT I HAVE MADE ARE HEREBY REVOKED.

MEMBER'S SIGNATURE X _____ DATE _____

State of _____,
 County of _____

On this _____ day of _____, _____, _____ personally appeared before me,
 whose identity I ascertained on the basis of _____.

My commission expires _____ (Seal)
 Notary Public _____

******* THIS FORM MUST BE NOTARIZED TO BE VALID ORIGINAL DOCUMENT IS 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.