



The Retirement Board of the
Policemen's Annuity and Benefit Fund of Chicago

221 North LaSalle St – Suite 1626, Chicago, IL 60601

Office: (312) 744-3891

Website: www.chipabf.org

DEATH BENEFIT DIRECTIVE

MEMBER INFORMATION	
Name	
Social Security Number Last 4 digits only	XXX-XX- Date of Birth

Beneficiary Designation - You must designate at least one primary beneficiary; do not designate yourself. If you select more than one primary beneficiary or more than one contingent beneficiary, the total percentage(s) for each category must add up to 100% (the amounts will be split equally if no percentage is indicated). **If possible, use whole numbers only.** If you would like to name more than three (3) beneficiaries in either of the categories, please attach a separate sheet that is signed, dated and notarized. **PRIOR TO ANY DISBURSEMENTS, ANY INDEBTEDNESS TO THE FUND MUST BE PAID IN FULL.**

Primary Beneficiary(ies)			
Name	Address		Designation _____%
Social Security Number Last 4 digits only	Relationship	Date of Birth	
XXX-XX- Last 4 digits only			
Name	Address		Designation _____%
Social Security Number Last 4 digits only	Relationship	Date of Birth	
XXX-XX- Last 4 digits only			
Name	Address		Designation _____%
Social Security Number Last 4 digits only	Relationship	Date of Birth	
XXX-XX- Last 4 digits only			
Name	Address		Designation _____%
Social Security Number Last 4 digits only	Relationship	Date of Birth	
XXX-XX- Last 4 digits only			
Contingent Beneficiary(ies) <i>person(s) eligible only if all primary beneficiaries are deceased.</i>			
Name	Address		Designation _____%
Social Security Number Last 4 digits only	Relationship	Date of Birth	
XXX-XX- Last 4 digits only			
Name	Address		Designation _____%
Social Security Number Last 4 digits only	Relationship	Date of Birth	
XXX-XX- Last 4 digits only			

In accordance with the provisions of Section 5-153 of the Code, I hereby authorize and direct the Retirement Board of the Policemen's Annuity and Benefit Fund of Chicago to make payment of the full amount of the Ordinary Death Benefit due at the time of my death as indicated above. If no such written direction has been filed or if the designated beneficiaries do not survive the police officer, payment of the benefit shall be made to his/her estate.

This form must be notarized.

Subscribed and sworn to before me, a Notary Public

this _____ day of _____, 20____

Notary Public

Signature

Must be returned with a copy of a State ID (Driver's License)