



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

221 North LaSalle St – Suite 1626, Chicago, IL 60601  
(312) 744-3891 [www.chipabf.org](http://www.chipabf.org)

## Email Authorization

SS# (last 4 digits) XXX-XX-

**Annuitant Participant #**

Annuitant Widow #

Ordinary Disability #

### Duty Disability #

## Heart Disability#

Total Disability #

---

Email

I, \_\_\_\_\_, authorize the Policemen's Annuity and Benefit Fund of Chicago (PABF), to send email correspondence on as needed basis. I acknowledge that primary correspondence will continue to be sent via U.S. Mail and I am responsible for alerting PABF should my contact information change.

---

Signature

---

Date

**A COPY OF YOUR DRIVER'S LICENSE OR OTHER GOVERNMENT ISSUED IDENTIFICATION MUST BE  
SUBMITTED WITH THIS FORM.**

**NO CHANGES WILL BE MADE WITHOUT PROOF OF YOUR IDENTITY.**