



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

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(312) 744-3891 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 WIHTOUT PROOF OF YOUR IDENTITY.