



POLICEMEN'S ANNUITY AND BENEFIT FUND of CHICAGO DEATH BENEFIT DIRECTIVE

MEMBER INFORMATION *(Note this form can only be completed and signed by officers and retirees under PABF)*

NAME	SSN (Last 4 digits)	DATE OF BIRTH
EMAIL	ADDRESS, CITY, STATE, ZIP	

Complete this form to designate the individual(s) who will receive the Ordinary Death Benefit payable upon your death. You must designate at least one Primary Beneficiary. If you designate more than one Primary and/or more than one Contingent, the percentage allocated within each category must total 100%. Upon your death, the Ordinary Death Benefit will be paid to the surviving Primary Beneficiary (ies). If there are no surviving Primary Beneficiaries, the benefit will be paid to the surviving Contingent Beneficiary (ies). If a designated Primary or Contingent Beneficiary dies, that beneficiary's share will be divided equally among the surviving beneficiaries in the same category. If no designated beneficiaries survives, this designation shall be deem void and the benefit shall be paid to your estate. Please note a minor may be designated as a beneficiary; however, the benefit may be paid only to a legally authorized guardian or custodian. This designation applies only to the lump-sum Ordinary Death Benefit payable pursuant to Section 5-153 of the Illinois Pension Code and does not govern any statutory annuity, refund, or survivor benefit payable under Article 5 of the Illinois Pension Code.

P R I M A R Y	NAME ADDRESS	RELATION	SSN (Last 4 digits)	DOB	PERCENT (Whole numbers only)
					TOTAL 100%
C O N T I N G E N T					
					TOTAL 100%

Pursuant to Section 5-153 of the Illinois Pension Code, I hereby authorize and direct the Retirement Board of the Policemen's Annuity and Benefit Fund of Chicago to pay the full amount of the Ordinary Death Benefit payable upon my death to the beneficiary (ies) designated above. This designation revokes and supersedes all prior beneficiary designations on file with the Fund. Members are responsible for updating beneficiary designations following marriage, divorce, death, or any other significant life event.

MEMBER SIGNATURE _____ DATE _____

Subscribed and sworn to me, a Notary Public

In the State of _____ in the County of _____ on this _____ day of _____, 20____

Notary Signature _____

A COPY OF YOUR DRIVER'S LICENSE OR STATE ID MUST ACCOMPANY THIS FORM