Policemen's Annuity and Benefit Fund of Chicago

IMMEDIATE ACTION REQUIRED – RETURN BY JUNE 30, 2019

AFFIDAVIT
CONTINUING BENEFIT ELIGIBILITY

NAME

ADDRESS

(If current mailing address is different from above, please note correction on reverse side)

This **ORIGINAL** form must be completed in its entirety and returned to the Policemen's Annuity and Benefit Fund of Chicago (PABF) at 221 N. LaSalle Street, Suite 1626, Chicago, IL 60601. (*Addressed Envelope Provided*)

Failure to return this completed ORIGINAL form by June 30, 2019, will result in suspension of your benefits.

I, the undersigned, being duly sworn and under oath, hereby depose and say:

1. I, _____ [*PRINT NAME*], am alive and in receipt of benefits from PABF.
2. My CURRENT Marital Status: ☐ Never Married ☐ Divorced/Annulled ☐ Widowed
   ☐ Married/Civil Union: Name of Spouse _____
3. My PABF benefit is direct deposited into a bank account ☐ Yes ☐ No - and if YES:
   ☐ I am the only owner of this account.
   ☐ Name(s) of other joint account holder(s): _____ Phone: (_____) _____- _____
   _____ Phone: (_____) _____- _____
4. My contact info is: Phone Number (_____) _____- _____ Email _____

SIGNATURE & NOTARY

State of _____)
) ss.
County of _____)

I certify, under penalty of perjury, the information provided hereon is true and correct to the best of my knowledge. I understand that any person who knowingly makes any false statement, or falsifies, or permits to be falsified, any record in an attempt to defraud the PABF may be found guilty of a Class 3 Felony pursuant to Section 1-135 of the Illinois Pension Code.

ANNUITANT SIGNATURE _____Date_____

Signed and attested before me on the _____ day of _____, 2019

_____ personally appeared before me, whose identity I ascertained on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes set forth. I certify under the penalty of perjury that this is true and correct.

Notary Signature: _____

(Seal)

If you have questions, please call the PABF office at: 312-744-3891