

**POLICEMEN'S ANNUITY AND BENEFIT FUND OF CHICAGO  
APPLICATION FOR SB 2520 – PENSION PORTABILITY**

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
(please print)

CURRENT UNIT OF ASSIGNMENT \_\_\_\_\_

LAST FOUR DIGITS OF SOCIAL SECURITY # XXX-XX-\_\_\_\_\_

SPOUSE DATE OF BIRTH (IF MARRIED) \_\_\_\_\_

In the next section, please provide the title and municipality you were employed by in a law enforcement capacity as required under SB 2520. The dates to-from should include the date you were hired and began contributing to the fund you now wish to “port” service from, to your date of termination from that employment.

LAW ENFORCEMENT TITLE	MUNICIPALITY	PERIOD (dates) FROM – TO
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1.

2.

3.

I understand that once my SB2520 application is approved by the Board of Trustees, staff will contact me to begin the calculation process in accordance with SB2520. I understand that if approved for this credit, I will be allowed, at my determination, to purchase **up to 10 full years of service**, in **six-month increments only**. I also understand that the amount due in full must be paid within 5 years of the date of application as called for in SB 2520.

SIGNATURE OF MEMBER \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Chicago, Illinois 606\_\_\_\_\_

PHONE # \_\_\_\_\_

ALTERNATE PHONE # \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE APPROVED BY BOARD \_\_\_\_\_