

**DES PLAINES FIREFIGHTERS' PENSION FUND
APPLICATION FOR A REFUND OF PENSION BENEFITS**

FULL NAME: _____

DATE OF PROBATIONARY EMPLOYMENT: _____

DATE OF REGULAR EMPLOYMENT: _____

DATE OF TERMINATION/REMOVAL FROM EMPLOYMENT: _____

RANK AS OF DATE OF TERMINATION/REMOVAL: _____

SALARY AS OF DATE OF TERMINATION/REMOVAL: _____

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MEMBERSHIP/PARTICIPATION INFORMATION

HAVE YOU BEEN CONVICTED OF A FELONY ARISING OUT OF OR IN CONNECTION WITH YOUR DUTIES AS A FIREFIGHTER? NO _____ YES _____

HAVE YOU EVER BEFORE APPLIED FOR A REFUND OF PENSION CONTRIBUTIONS? NO _____ YES _____

DO YOU HAVE PREVIOUS ARTICLE 4 PENSION FUND PARTICIPATION? NO _____ YES _____

IF SO, HAVE YOU PREVIOUSLY APPLIED TO COMBINE YOUR CREDITABLE SERVICE TIME (RECIPROCITY)? NO _____ YES _____

THROUGHOUT YOUR TENURE WITH THE CITY OF DES PLAINES FIRE DEPARTMENT HAVE YOU BEEN DIVORCED AND FILED A QILDRO WITH THE DES PLAINES FIRE PENSION FUND? NO _____ YES _____

THROUGHOUT YOUR TENURE WITH THE CITY OF DES PLAINES FIRE DEPARTMENT HAVE YOU EVER INCURRED ANY UNPAID BREAKS IN YOUR SERVICE TO WHICH FULL PENSION CONTRIBUTIONS WERE NOT PAID INTO THE DES PLAINES FIREFIGHTERS' PENSION FUND? NO _____ YES _____

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I _____, HAVING LESS THAN TWENTY (20) YEARS OF CREDITABLE SERVICE, HEREBY MAKE APPLICATION FOR A REFUND OF PENSION CONTRIBUTIONS FROM THE CITY OF DES PLAINES FIREFIGHTERS' PENSION FUND PURSUANT TO 40 ILCS 5/4-116. _____(INITIAL)

I AM AWARE AND FOREVER WAIVE ANY CLAIM TO A PENSION (40 ILCS 5/4-109) UNLESS I RETURN TO SERVICE IN THE FUTURE AND QUALIFY FOR A PENSION AT THAT TIME, AND/OR REPAY THE REFUND WITH INTEREST AS PROVIDED UNDER ARTICLE 4 OF THE PENSION CODE (40 ILCS 5/40-109.3). _____(INITIAL)

I UNDERSTAND THAT IN REQUESTING AND TAKING A FULL REFUND OF PENSION CONTRIBUTIONS I MAY INCUR TAX DEDUCTIONS FROM THESE FUNDS (TO BE DETERMINED BY THE FUND'S ACCOUNTANTS) AND THAT I WILL BE ADVISED OF THESE RAMIFICATIONS PRIOR TO MAKING A FINAL DETERMINATION AS TO MY REFUND REQUEST.

_____ (INITIAL)

I UNDERSTAND THAT IN ACCORDANCE WITH THIS APPLICATION/REQUEST I WILL BE REQUIRED TO FILL OUT SUPPLEMENTARY MATERIALS RELATING TO MY REQUEST AND AM WILLING TO COOPERATE THE PENSION BOARD WITH RESPECT TO THE SAME.

_____ (INITIAL)

I UNDERSTAND THAT THE BOARD OF TRUSTEES OF THE CITY OF DES PLAINES FIREFIGHTERS' PENSION FUND MUST FORMALLY VOTE TO APPROVE MY REFUND REQUEST AT A FORMAL MEETING AT A LATER DATE AND TIME TO BE DETERMINED BY THE PENSION BOARD.

_____ (INITIAL)

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE AND TO THE BEST OF MY KNOWLEDGE.

_____ (INITIAL)

DATE

SIGNATURE OF APPLICANT

SOCIAL SECURITY NUMBER

PRINT NAME

ADDRESS

E-MAIL ADDRESS

DAY TIME PHONE NUMBER

FOR BOARD USE ONLY:

DATE RECEIVED: _____

RECEIVED BY: _____

SIGNATURE: _____