

DES PLAINES FIREFIGHTERS' PENSION FUND REQUEST FOR CERTIFIED STATEMENT OF ACCUMULATED CONTRIBUTIONS, ACCRUED BENEFITS AND OTHER INTERESTS

I HEREBY REQUEST that the Des Plaines Firefighters' Pension Board provide a statement of my financial interests in the Fund as required by 40 ILCS 5/1-119 (h) (1).

Signature of Firefighter

Date: _____, _____

Printed Name of Firefighter: _____

* * * * *

FOR OFFICE USE ONLY:

Received this request on _____, _____

Sent to Board Accountant for processing on _____, _____

As required by 40 ILCS 5/1-119 (h) (1), the Des Plaines Firefighters' Pension Board certifies that the above-named firefighter has the following financial interests in the Fund as of the date the Fund received this request:

Accumulated Contributions: \$ _____

Accrued Benefits: _____

Other Interests, if any: _____

Board Secretary

Date: _____, _____