DES PLAINES FIREFIGHTERS' PENSION FUND STATEMENT OF FINANCIAL INTEREST IN RESPONSE TO QILDRO FOR PAYMENT OF A PERCENTAGE OF A RETIREMENT BENEFIT

(QILDRO received **BEFORE** firefighter's effective date of retirement)

Name of Firefighter: _____

QILDRO received on: _____

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

(i)   Firefighter's date of initial membership in the Fund   _____/___/_____
                                                                  (Month/Date/Year)

(ii)   Amount of permissive service firefighter accumulated in
        the Fund from the date of initial membership through
        the most recent date available (____/____/____)
        prior to the Fund's receipt of the QILDRO:
                                            _____Years _____Months _____ Days

        Amount of regular service firefighter accumulated in the
        Fund from the date of initial membership through the
        most recent date available (____/____/____) prior to
        the Fund's receipt of the QILDRO:
                                            _____Years _____Months _____ Days

(iii)   Gross amount of firefighter's non-reduced monthly
        annuity benefit earned, including permissive service
        and upgrades purchased by firefighter, calculated as of
        the most recent date available (____/____/____)
        prior to the Fund's receipt of the QILDRO, and the
        earliest date the firefighter may be eligible to commence
        the benefit: _____

        Permissive service purchased: _____

        Upgrades purchased: _____

(iv)   Gross amount of firefighter's refund or partial refund,
        including interest, calculated as of the most recent
        date available (____/____/____) prior to the Fund's
        receipt of the QILDRO: _____

(v)   Gross amount of death benefits payable to firefighter's
       death benefit beneficiaries or estate, including interest,
       assuming firefighter died on the date or a date as close
       as possible to the date the Fund received the QILDRO,
       calculated as of the most recent date available
       (____/____/____) prior to the Fund's receipt of the QILDRO:

       _____

(vi)   Has firefighter notified the Fund of the date the firefighter
       intends to retire?

       _____

       If so, what is the date of retirement?

       _____/_____/_____
       (Month/ Date/ Year)

       If so, what is the date that the Fund reasonably
       believes will be the firefighter's effective date of
       retirement?
       If so, what is the date of retirement?

       _____/_____/_____
       (Month/ Date/ Year)

_____   Date:
Board Secretary   _____, _____