

Transfer of Creditable Service

(Pursuant to P.A. 100-0544)

Participant Name: _____

Last 4 Digits of Social Security Number: _____

Address: _____

Phone: _____ Email: _____

Date of Birth: _____

Spouse's Date of Birth: _____

Name of Former Fire Service Employer: _____

Address: _____

Phone: _____ Email: _____

Contact Person (if possible): _____

Dates of Employment with Prior Fire Service Department _____

Was a Refund of Contributions was taken? _____ Yes _____ No

Amount of the Refund _____

Amount of Service Credit Member is Interested in Purchasing:

_____ Years _____ Months

I hereby authorize the Firemen's Annuity and Benefit Fund of Chicago (the "Fund") to act on my behalf to obtain any documentation necessary to facilitate the purchase of prior service credit from my prior Fire Service Employer named above. I understand that in the event my Fire Service Employer does not comply with the requirements of Section 4-108.6 and Section 6-227 of the Pension Code or the Fund for any reason does not receive the required contributions and interest to transfer my prior service credit, the Fund shall have no obligation or duty to provide me with service credit. Pursuant to Section 4-108.6 and Section

FIREMEN'S ANNUITY AND BENEFIT FUND OF CHICAGO

6-227 of the Pension Code, I understand and agree that I am responsible for the entire cost corresponding to the increased liability to the Fund. I understand and agree that it remains my responsibility to pay for the entirety of the amount due in the event my former employer fails to make the required employer contribution transfer. In addition, I understand and agree that the Fund must receive the required contributions and interest under Section 4-108.6 and Section 6-227 of the Illinois Pension Code within 5 years of the date of my signature below or this Transfer of Creditable Service application shall be deemed void and my application will not qualify for service credit with the Fund.

PURSUANT TO PUBLIC ACT 100-0544, THIS TRANSFER OF CREDITABLE SERVICE APPLICATION MUST BE COMPLETED, SIGNED BELOW AND RECEIVED BY THE FUND BY MAY 8, 2018. ALL SUCH FORMS RECEIVED BY THE FUND AFTER THAT DATE WILL NOT BE CONSIDERED.

Signature of Member

Date _____