
Date
FILE NO. _____
Office File Number

AFFIDAVIT OF ANNUITANT

FIREMEN'S ANNUITY AND BENEFIT FUND OF CHICAGO
20 S Clark - Suite 1400
CHICAGO IL 60603

AFFIDAVIT CONCERNING CHECK

STATE OF _____

SS# XXX-XX-_____
Last 4 digits of SS#

COUNTY OF _____

I, _____, being duly sworn, on oath, that I reside at _____.
Name Address

That I have been informed and believe that on or about _____,
Date check was mailed

there was mailed to me at _____, by the Retirement Board of the
Address

Firemen's Annuity and Benefit Fund of Chicago, check No. _____ drawn on the Treasurer of said Fund, made payable to
Check No.

the order of _____, in the sum of _____ (\$ _____),
Name Check Amount

the same being in payment of the annuity, pension or benefit due for the month of _____.
Payment month

This affiant further says that **I HAVE NEVER RECEIVED THIS CHECK OR BENEFITS THERE FROM.**

This affiant further says that this affidavit is made for the sole purpose of inducing The Retirement Board of the Firemen's Annuity and Benefit Fund of Chicago to issue a REPLACEMENT check of like amount, in lieu of the said original check No. _____.
Check No.

In consideration of the issuing and paying of said REPLACEMENT check, this affiant hereby agrees to and will forever hold, keep and save the said Fund and the Trustees thereof, harmless and indemnified against any and all loss, liability, damages, costs or expense which may come to or against said Fund by reason of or arising out of the issuance and payment of said REPLACEMENT check or by reason of or arising out of the payment of the original check above described, and hereby consents that such loss, damages, costs or expense, if any, may be set off against and recouped from any subsequent annuity, pension or benefit payment due and payable to the affiant.

Signature

Address

Subscribed and sworn to before me this _____ day of _____

My Commission Expires _____

Notary Public