

**THE RETIREMENT BOARD**  
of the  
**FIREMEN'S ANNUITY AND BENEFIT FUND**  
**OF CHICAGO**

Suite 1400  
20 S. Clark Street Chicago, IL 60603-1899  
(312) 726-5823 Fax (312) 726-2316  
Marshall Line 9261 <http://www.fabf.org>  
(800) 782-7425

**THIS SPACE FOR  
OFFICE USE ONLY**

File # \_\_\_\_\_

Company: \_\_\_\_\_

**ELECTED TRUSTEES**

ANTHONY R. MARTIN, Secretary  
DAN P. FABRIZIO  
MICHAEL J. SHANAHAN, President  
WALTER M. CARLSON, Annuitant Member

**EX-OFFICIO TRUSTEES**

First Deputy Fire Commissioner, CHARLES STEWART III  
City Treasurer, STEPHANIE NEELY, Vice President  
City Comptroller, AMER AHMAD  
City Clerk, SUSANA MENDOZA

**THE ENDE MENZER WALSH & QUINN**  
**RETIREE'S WIDOWS' AND CHILDREN'S ASSISTANCE FUND**

**AUTOMATIC DEDUCTION AUTHORIZATION FORM**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

**PLEASE CHOOSE ONE OF THE FOLLOWING:**

YES, PLEASE DEDUCT \$ \_\_\_\_\_ FROM MY BENEFIT CHECK AS A ONE TIME DONATION TO THE GIFT FUND.

YES, PLEASE DEDUCT \$ \_\_\_\_\_ FROM MY BENEFIT CHECK AS MY MONTHLY DONATION TO THE GIFT FUND.

SIGNATURE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

**IMPORTANT INFORMATION**

WE MUST RECEIVE THIS FORM BY THE 20<sup>TH</sup> OF THE MONTH FOR THE CHANGE TO BE IN EFFECT WITH THE CHECK AT THE END OF THE MONTH.

YOU MUST KEEP THIS OFFICE INFORMED, IN WRITING AND AT ALL TIMES, OF ANY NEEDED CHANGES.